



MEMBERSHIP APPLICATION FORM

Corporate Access No. 5020433156

****www.krishti.ca**** www.facebook.com/KrishtiofEdmonton **** e-mail:info@krishti.ca ****

I/ We believe in objectives of the Society, and shall abide by the Bylaws of the Society, and would like to become member(s) of **KRISHTI** and enclose herewith \$ by **e-transfer** ☐ / **cash** ☐ / **chq** ☐
(info@krishti.ca)

.....
Signature(s) of Applicant(s)

Type of Memberships: Associate ☐ (default after receiving membership fee)
Full ☐ (*endorsement/approval of a Trust Committee member required)
Life ☐ (consecutive 10 years of full membership with good standing)
Honorary ☐ (recognition by the full members at AGM)

*Endorsed/Approved by (to be a Full Member):

.....
Name of Trust Committee Member

.....
Signature of Trust Committee Member

Applicant Name(s):.....
.....

Residential / Mailing Address:

Street Name

City: Province: Postal Code:

Tel.: e-mail:

Please mark box: ☐ I/We give consent to collect, use and disclose personal information only for the legitimate purposes of the Society. The personal information includes name (s), address, telephone and e-mail.

Membership reviewed & approved by:

.....
Signature of EC Member

.....
Date of Approval