



Canadian Slovak League

Application for Membership

Please accept this application for membership in the **Canadian Slovak League**.

- As a new member under the age of 18 at no cost for the first calendar year.
 As a new member over the age of 18 at \$20.00 for the first calendar year.

(Renewed membership (child or adult) is \$20.00 per calendar year).

Enclosed is the sum of \$_____ for the applicable membership fee for the year ending December 31, 20_____.

Name: _____	Date of birth: _____	
Address : _____		
City: _____	Province: _____	Postal code: _____
Telephone: _____	E-mail: _____	
I am a Canadian citizen or permanent resident of Canada of Slovak origin, or the spouse thereof.		
I agree to be governed by the By-Laws of the Canadian Slovak League.		
Signature of applicant: _____	Date: _____	

Acceptance by the Branch Executive Committee:

Applicant is accepted by Branch number _____ in _____ . Date: _____
Signatures of Branch President: _____ and Branch Secretary: _____
Mail or email the application to: Janet Mrenica Corporation Secretary Canadian Slovak League 192 Waverley St, Ottawa ON K2P 0V6 jmrenica@ksliga.ca

Confirmation by the Board of Directors:

The Board of Directors confirms that _____ is a member of the Canadian Slovak League from the date of acceptance by the Branch Executive Committee.
Signatures of CSL President: _____ and CSL Secretary: _____