

Markham African Caribbean Canadian Association

505 Hood Rd. Unit #5, Markham, Ont. L3R 5V6

Office: (905) 946 – 9998

Email: Info@macca1987.com

www.macca1987.com



Membership / Renewal Application

GENERAL INFORMATION - Please print neatly

Member 1: _____

Member 2: _____

Member 3: _____

Member 4: _____

Address: _____

Apt./Unit # _____ Town/City: _____ Province: _____

Postal Code: _____ Nearest Intersection _____

How did you hear of MACCA? Friend/Family | Advertising | Renewal | Other _____

Do you have children currently attending/attended any of MACCA’s program: Yes | No | N/A

Would you like to join MACCA’s WhatsApp Group for immediate program updates? Yes | No

If yes, provide your Cell Phone/WhatsApp# (_____) _____ - _____

CONTACT INFORMATION - Please print neatly

Email address: _____

Mailing address: _____

Res. Phone # (_____) _____ - _____ Cell Phone # (_____) _____ - _____

Work Phone # (_____) _____ - _____ Ext. _____

COMMITTEE PARTICIPATION / INTEREST - (Please check or “X” all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Health & Social Issues | <input type="checkbox"/> Youth Program |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Education (Summer camp/after school program) | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Volunteering – Various areas _____ | <input type="checkbox"/> Fundraising |

Personal Skills / Interests / Other: _____

~ OFFICE USE ONLY ~

Applicant: _____ Date: _____

Membership Payment

Cheque Cash

Other: _____

Cheque # _____

Amount: \$ _____

Date Paid: _____

Received By: _____