



Community House & Information Centre

MEMBERSHIP FORM

LAST NAME:

FIRST NAME:

ADDRESS:

TEL:

FAX:

CELL:

EMAIL:

NATIONALITY:

COMPANY:

Include in Directory?

Volunteer to complete:				
MEMBERSHIP FEE:	MONTH	DAY	YEAR	1 TERM / 2 TERMS

Please email this form back to CHIC: information@chickobe.com