

Salam Community Center

مركز السلام الاجتماعي

(A Non-Profit Corporation)

120 Norfinch Dr., Unit 27

North York, ON M3N 1X3

Tel.: (416) 663-9476

info@salamcommunitycenter.ca



APPLICATION FOR MEMBERSHIP

I, _____, hereby apply for membership in Salam Community Center.
NAME IN FULL (Please Print)

If my application is accepted, I agree to abide by the By-Law, Rules and Regulations passed by the Center at any time I am a member thereof and to pay all fees set by the Center. I also understand that privileges of the Center will not be available to me until I receive notice from the Center's Secretary of the acceptance of my application, and that if not accepted, the fees attached hereto will be returned promptly.

Annual membership fees are \$400 + HST, and for a single supplement (25 years old and up) \$200 + HST.

Residence Address:

City/Town: _____, Province:

Postal Code:

Tel. No.: _____ E-mail address:

Number of family members below the age of 25:

All persons using the premises and facilities of the Salam Community Center do so at their own risk, the Center shall not be reliable for personal injury, death, loss of property, property damage or any costs whatsoever in any way resulting from such use, whether or not caused by the negligence of the Center, its employees, contractors, members or guests.

Date: _____ Telephone No.: () _____

Signature of the applicant: _____

We, the undersigned, members of the Salam Community Center are personally acquainted with and recommend for admission to membership the application whose signature appears above.

Nominated by the Center member: _____ Signature: _____
Please Print

Seconded: _____ Signature: _____
Please Print