КРАЙОВА УПРАВА СУМК
CYMK – U.O.Y. NATIONAL EXECUTIVE
EXECUTIVE NATIONALE DU CYMK – J.O.U.

10611- 110 Avenue Edmonton, AB. T5H 1H7

Contact Information

Name: _____

Mailing Address: _____

_____

Phone Number: (_____)_____

Date of Birth: _____

Email: _____

Membership Dues: please check (no charge to advisors)

Membership dues are: $10 for junior and $15 for Senior and Independent, $50 cap per family

Junior _____ Senior _____ Independent _____ Advisor _____

Local (Name and City): _____

Executive Position: _____

Waiver

I_____, allow
(print full name)

- ☐ my personal information from the top section to be used by the National CYMK Executive for exclusive CYMK organizational needs. This information will be used only for the internal purposes of CYMK-U.O.Y., and will not be sold, rented, or provided to any other component organizations of the U.S.R.L. or to the U.O.C.C. without the express written consent of the member providing such information.

- ☐ my personal picture, if taken at a CYMK event, to be included in the National CYMK Zaklyk newsletter; on the CYMK website, www.cymk.ca; and in the Holos, Visnyk, KYK and Promin newsletters.

_____ _____ _____
(Signed) (Parent/ Guardian Signature, if child is under 18 years of age) (Date)

Office Use Only

Paid by:
Cash_____ Cheque_____ (payable to: National CYMK- U.O.Y.) Date Received: _____