Paraguay Club Inc.
Membership Application

"Preserve, promote and celebrate Paraguayan culture and traditions"

First Name: _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Email: _____ Fax: _____

Date of Birth: Day _____ Month _____ Year _____ Male _____ Female _____

Check the type of membership you are applying for:

A. Voting membership must be 18 years or older _____

B. Associate a non-voting membership_____

C. Youth a non-voting membership between the ages of 12 and 17 _____

What inspired you to apply for membership: (check all that apply)

____ Music
____ Learn more about Paraguayan culture
____ Dance
____ Folklorama
____ Youth Activities
____ Social Events
____ Fundraising
____ Other _____

Do you understand/speak Spanish:

____Yes
____ No
____ Some
____ Would like to learn

I hereby agree to all terms and conditions as stated in the constitution.

Dated at Winnipeg this _____ day of _____ 20_____

Sponsors (Members) Name: _____ _____

Sponsors Signature, Parent/Guardian: _____

Applicants Signature: _____

Submit $_____fee with application

2008