THE TRINIDAD AND TOBAGO ASSOCIATION OF OTTAWA MEMBERSHIP FORM

September 1, 20 to August 31, 20

A. INDIVIDUAL NUMBE	GET INVOLVED CHOOSE A		
Family Name		First Name	COMMITTEE
Street Number	Unit	City	Individual 1committee choices
Province		Postal Code	☐ Financial ☐ Membership ☐ Social & Entertainment
Telephone number (where a mess	sage can be left)		□ Sports & Recreation □ None for now, thank you
Email address (Association corre	spondence will be sent to t	his address)	
B. INDIVIDUAL NUMBE	Individual 2 committee choices Culture & Education Financial Membership		
Family Name		First Name	□ Social & Entertainment □ Sports & Recreation
Email address (Association corre	\Box None for now, thank you		

C. FAMILY MEMBERS (INDIVIDUALS 17 YEARS OF AGE OR LESS ONLY)

(Please note: individuals 18 years or older are required to register separately.)

Please list the names of any children living at the same address who are 17 years of age or less. They will be included under the family membership.

Number		Name	Year of Birth	Committee Choice [†]	FOR OFFICE USE ONLY
1					
2					
3					member/s
4					□ Payment included
†Must be 16 years	, , , , , , , , , , , , , , , , , , ,				
D. PAYMENT DETAILS					□ Database updated
Categ	gory	Cost	Number	Total	Notes:
Individual	Members	\$20.00 per member			
Family Me	embership	\$40.00			
TOTAL CO	OST:				

(Cheques or money orders should be made payable to: The Trinidad and Tobago Association of Ottawa)

E. PREFERRED METHOD OF COMMUNICATION

Please indicate your preferred method of communication. The association will use this method to correspond with you.

□Email

□Telephone

Please submit the completed form and payment **to a member of the executive** or **by mail** to: The Trinidad and Tobago Association of Ottawa, PO Box 8401, Station T, Ottawa, ON, K1G 3H8

For further information visit <u>www.ttao.ca</u> or contact us at tandtassociation@gmail.com