



QGA MEMBERSHIP FORM

- ☐ **NEW MEMBERSHIP REQUEST** (fill out all sections)
- ☐ **EXISTING MEMBER - INFORMATION UPDATE** (only fill out section B, C, D and sign)

MEMBERSHIP OPTIONS FOR GOANS OR OF GOAN ORIGIN (check one):			
<input type="checkbox"/>	LIFE	Has full voting rights. Includes spouse & dependants.	\$100
<input type="checkbox"/>	ORDINARY	Same conditions as Life Member but they will not qualify to hold Office as a Trustee or Executive Committee Member of the Association i.e. President, Vice-President, Secretary or Treasurer.	Free
MEMBERSHIP OPTIONS FOR NON - GOANS:			
<input type="checkbox"/>	ASSOCIATE	(i) Any person not eligible for membership as an Ordinary or Life Member may apply to be an Associate Member provided such member is over 18 years of age. (ii) An Associate member shall not be entitled to vote or hold office in the Executive Committee but can be co-opted to serve in any sub-committee.	\$25

SECTION B: MEMBER INFORMATION *			
Last or Family Name:		Spouse's Name:	
First Name:		Home Phone:	()
Street Address:		Cell Phone:	()
City/Province:		Email Address:	
Postal Code:		Occupation **:	
Place of Birth:			
Acceptable Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Please Do Not Contact Me			

SECTION C : DEPENDANT INFORMATION *					
Last / Family Name	First Name	Birth Date	Email Address	Sex M/F	Country of Birth

SECTION D: PARTICULARS ESTABLISHING YOUR GOAN ORIGIN	
Please Indicate below you Ancestor's Village(s) in Goa	

- (i) I hereby agree, if elected, to abide by the constitution an By-Laws of the Quebec Goan Association and to any amendments made to it from time to time.
- (ii) I hereby declare that to the best of my knowledge and belief I am of Goan Origin.
Applies to Life and Ordinary Memberships only.

Date: _____ Signature: _____ Payment Enclosed: \$ _____

↑ Cash ↑ Cheque

* All information on this Membership Form is confidential and accessible only to QGA Executive Committee members for the purpose of providing event information.

** This field relates to your job category and will be used only for analysis.

FOR OFFICIAL USE ONLY			
PAYMENT RECEIVED / DATE:		MEMBERSHIP COORDINATOR:	