

Association of United Ukrainian Canadians
Товариство Об'єднаних Українських Канадців



Application for Membership

I, (full name) _____

Please print clearly

wish to become a member of the AUUC and abide by its Constitution. By signing this application, I acknowledge that I have been provided with a copy of the AUUC Constitution.

Address _____

City _____ Province _____ Postal Code _____

Phone # () _____ E-mail _____

Date of Birth

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Day Month Year

Date of Birth is needed to determine eligibility for membership and the amount of dues payable. Membership category: please check one box:

General membership

Student membership – persons 16 to 25 currently attending an accredited educational institution

Senior membership – persons 65 year of age or older at time of application

In accordance with relevant privacy legislation in Canada, the Association of United Ukrainian Canadians requires an individual's consent for the collection and use and for the disclosure of all personal information. By signing this application, I provide such consent for purposes deemed appropriate by the National Executive Committee of the AUUC.

The Association reserves the right to retain and use personal information gathered on this form for the use of the Association. Information will be held indefinitely.

If you have any question regarding the personal information collected by the AUUC and its use, or if you wish to examine your own personal information held by the AUUC or to challenge its accuracy, please write to the AUUC Privacy Compliance Officer at 595 Pritchard Avenue, Winnipeg, Manitoba R2W 2K4.

_____ Applicants Signature

Branch use only	Applicants must be 16 years old at time of application.
Accepted into _____	Branch on _____
Sponsored by _____	

Branch Secretary	

National Office use only	
Application received _____	Accepted on _____
Dues received _____	

National Office Representative	