



## ITAL CANADIAN SENIORS ASSOCIATION

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### Membership Application Form

Join Date \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Gender: Female \_\_\_ Male \_\_\_