



MEMBER ORGANIZATION APPLICATION
UKRAINIAN CANADIAN CONGRESS
TORONTO BRANCH

Organization Name (*English*)

Organization Name (*Ukrainian*)

Address

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Telephone

Email

Website

No. of members in organization

Year organization established

President

Name (*English*)

Name (*Ukrainian*)

Address

.....

Telephone Email

Secretary

Name (*English*)

...

Name (*Ukrainian*)

Address

.....

Telephone Email.....

Briefly describe your Organization's objectives and activities:

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Name of Board Members (if applicable):

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We hereby submit our application for membership together with our constitution and by-laws to the Ukrainian Canadian Congress, Toronto Branch

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President's name

.....
President's signature

.....
Date