



UNITED MACEDONIANS ORGANIZATION OF CANADA  
MEMBERSHIP APPLICATION FORM

Membership \$ 20.00

Date \_\_\_\_\_

First and last name

Spouse's first and last name

\_\_\_\_\_

\_\_\_\_\_

Date of birth

Date of birth

\_\_\_\_\_

\_\_\_\_\_

Place of birth

Place of birth

\_\_\_\_\_

\_\_\_\_\_

If not born in Macedonia, trace your lineage to Macedonia

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Profession

Profession

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone #

Fax #

E-mail

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_

Name of dependents

Date of birth

Place of birth

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DECLARATION

I hereby declare that I am eighteen years of age or over and I am applying for membership in the United Macedonians Organization.

I declare that I am a Macedonian or of Macedonian descent and if my application is accepted: I declare to abide by the Charter and Constitution of the United Macedonians.

I declare to undertake and complete any duties required of me by the Organization to the best of my abilities.

Signature

Witness

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