



Registration

Personal Information

Name:		Spouse:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Languages: English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/>		Languages: English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/>	
Age or date of birth:		Age or date of birth:	
Max. level of education:		Max. level of education:	
Job position:		Job Position:	
Employer:		Employer:	
1- Dependant		2- Dependant	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Languages: English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/>		Languages: English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/>	
Age or date of birth:		Age or date of birth:	
Max. level of education:		Max. level of education:	
Job position:		Job position:	
Employer:		Employer:	
3- Dependant		4- Dependant	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Languages: English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/>		Languages: English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/>	
Age or date of birth:		Age or date of birth:	
Max. level of education:		Max. level of education:	
Job position:		Job position:	
Employer:		Employer:	
ADDRESS			
Apartment, number and street		City:	
Province:		Postal Code:	
Home phone: Office phone:		Cellular: E-mail:	
Familia membership cost: \$25.00			
Would you like to receive information about activities of the Mexican-Canadian Cultural Association? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Would you like to volunteer to help in the organization of activities of the Mexican-Canadian Cultural Association? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What type of activities are you interested on?	Children <input type="checkbox"/> Informative <input type="checkbox"/>	Sports <input type="checkbox"/> Educative <input type="checkbox"/>	Cultural <input type="checkbox"/> All <input type="checkbox"/>
Would you like us to share the information provided in this registration form with the Consular office of the Mexican Embassy in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>			



Asociación Cultural Mexicano-Canadiense Ottawa-Gatineau
Mexican-Canadian Cultural Association Ottawa-Gatineau