## Nepalese Janajati (Indigenous) Association of Canada

18-11, 35 Trailwood Dr. Mississauga, ON, L4Z 3L6 www.njac.ca

## MEMBERSHIP APPLICATION FORM

I/We hereby would like to request for the membership of NJAC as below.

Date:

A. Individual				Type of Membership		
Applicant's Name	Address	Tel/Cell / Email	Membership type Applied	Life (\$100)	General (\$15)	Associat e (\$50)

## Signature/s:

B. Organizational Membership							
Name of Janajati Organization	Address	Tel/Cell & Email	Contact Person's Name, Designation	Remarks			
Applicant's Signature:			OFFICE USE				
Name:			Received date:				
Designation:			Approved by:				
Organization's Seal:			NJAC Seal:				
Date:							

You are requested to send your membership fee through E-transfer, and scan documents to

Email: njacgta@gmail.com Or call our Treasurer Shobha Gurung at 647 809 0404

Or Mailing Address: **Brampton:** 

c/o General Secretary 18-11, 35 Trailwood Dr. Mississauga, ON, L4Z 3L6 Toronto:

c/o Contact Office 9 Santamonica Blvd, M1L 4H3, ON - Toronto

THANK YOU:)

Congratulations for being a valued member of your own community organization.