BICOL ASSOCIATION OF ALBERTA (BAA)

MEMBERSHIP REGISTRATION FORM

Last Name	First Name	M. Initial	Nickname

Cell. No.	Home No.	Work No.	Email Address

Home Address Unit #	Street No.	Street Name	City	Postal Code

Date of Birth	Marital Status: ☐ Single ☐ Married ☐ Separated/Divorced ☐ Other: _____

Citizenship/Immigration Status

☐ Canadian ☐ PR/Landed Immigrant ☐ OFW ☐ Other: _____

Hometown & Province in the Philippines

Educational Background (Course/Programs Taken)	City & Country

Current Occupation	Other Organizational Affiliations

Hobbies	Skills	Talent	Other skills

FOR OFFICIAL USE ONLY – PLEASE DO NOT FILL-OUT

☐ Full Member ☐ Associate Member ☐ Affiliate Member

TERMS OF AGREEMENT AND CODE OF CONDUCT

As a Registered Member of BICOL ASSOCIATION OF ALBERTA (BAA), I agree to maintain an active membership in good standing which shall mean that I am up to date in the payment of membership dues, that I have attended at least 4 meetings in a year called by the President and Board of Directors.

I will commit to the best of my ability to attend other special meetings, events, and activities to meet the objectives of the association.

I hereby consent for the BICOL ASSOCIATION OF ALBERTA (BAA) to use my name and personal image on photographs and video footages.

I hereby state that all the information contained herein are true and accurate.

Signature: _____ Date: _____