

APPLICATION FOR THE MEMBERSHIP

**India Canada Association of Waterloo Region**

Name (Print): \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_  
 Other Family Members: \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

Family Membership: \$20  
 Single: \$10

I, while participating in any ICA event, or any members of my family, or guests that participate, release ICA and their board members and officers from any and all liabilities for injury and/or damage to any person or property. I have read and fully understood the terms of this liability release.

SIGNATURES:

PRIMARY

MEMBER: \_\_\_\_\_ SPOUSE: \_\_\_\_\_ DATE: \_\_\_\_\_

Type of Membership	Single/Student	Family		Total Amount
Annual Dues	\$10	\$20		

ICA USE ONLY TYPE OF PAYMENT	AMOUNT
CASH	\$ _____ -
CHECK NUMBER _____	\$ _____ -

\*\*\*If you are applying as single member, you cannot add any additional members \*\*\*