

Palestine House



البيت الفلسطيني

Membership Form

طلب انساب عضوية

First Name:

Last Name:

Spouse's Name:

Address:

City:

Province:

Postal Code:

Tel:

Fax:

Email:

Please check your preference:

Annual Individual Membership: \$50 ()

Annual Family Membership: \$80 ()

Annual Senior Single Memembrship: \$30 ()

Annual Senior Family Membership: \$50 ()

Annual Student Membership: \$30 ()

Date:

Signature:

For Office Use Only

Received By: Signature: Receipt #: