



THE PAS FRIENDSHIP CENTRE

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Membership Application Form 2020-2021

The purpose of this membership form is to maintain a record of membership in case a member needs to be contacted. All information collected will be kept in strict confidentiality as per The Friendship Centre policy.

Name: _____

Street Address: _____

Mailing Address: _____

City/Town: _____

Postal Code: _____

Home Phone Number: _____

Please Note: This form is an application for membership your application must be approved by the Board of Directors before you become a voting member of The Pas Friendship Centre Inc.

For Office Use Only

Membership Paid: ____ Yes ____ No **Staff initials:** ____ **Date:** ____

Membership Approved: ____ Yes ____ No **Recording Staff Initials:** ____

Date: ____