

ccat
CONSULAR CORPS ASSOCIATION OF TORONTO

MEMBERSHIP APPLICATION FORM

(PLEASE PRINT)

LAST NAME:

FIRST NAME:

COUNTRY BEING REPRESENTED:

POSITION:.....

SPOUSES'S NAME:

MAILING ADDRESS FOR YOUR ASSOCIATION CORRESPONDENCE:

.....
.....
.....

THE ADDRESS GIVEN HERE WILL BE USED FOR ALL FUTURE CORRESPONDENCE OF THE ASSOCIATION AND WILL BE NOTED ON THE MEMBERSHIP LIST.

TELEPHONE:

EMAIL:

CHEQUE FOR \$40, -- ANNUAL FEE HEAD OF POSTS OR \$30,-- IF OTHER DIPLOMAT.

RECEIPT REQUIRED: YES..... NO.....

Please return this completed Application Form to:

**Corneliu Chisu
Secretary CCA of Toronto
42 Clearlake Avenue
Toronto, ON. M2M 1Y9**

**Tel. 416-955-9175
Fax. 416-955-9174
E-mail: CCAToronto@aol.com**

DATE:

SIGNATURE: