



## MEMBERSHIP APPLICATION FORM

Name: ..... Title: .....

Mailing address: .....

City: ..... Province: ..... Postal code: .....

Country: ..... Email: .....

Phone - office: ..... Phone - home: ..... Fax: .....

Payment enclosed: C\$ .....

Signature: ..... Date: .....

Complete this application form and return it with your payment to 12 Mattawa Crescent,  
Ottawa ON K2M 2J4 - Phone (613) 592-8670

### MEMBERSHIP REQUIREMENTS:

- a. You must agree with the objectives of ICC and prepared to devote your time to further these objectives.
- b. You must pay your annual dues.

### MEMBERSHIP CATEGORIES AND FEE:

- a. Full Membership: \$15 per year - Subscribing membership with all privileges.
- b. Associate Membership: \$10 per year - Associate members will receive all publications but will not have voting right. They can participate in general meetings as observer. Receive membership card.
- c. Family Membership: \$10 per year - Each immediate family member of a full member residing at the same address. Family members have all the privileges of a full membership but will not receive any publication.

Note: A separate application form must be completed and signed for each family member.

ALL MEMBERSHIP REQUESTS ARE SUBJECTED TO THE APPROVAL OF THE BOARD OF DIRECTORS. ICC MEMBERSHIP IS NON-REFUNDABLE AND NON-TRANSFERABLE.

For Office use:

Received on: ..... Approved on: .....

Comments: .....

Signature: .....

address	12 Mattawa Crescent Ottawa ON K2M 2J4
phone	(613) 592-8670
web	<a href="http://www.indonesiacanada.org">http://www.indonesiacanada.org</a>
email	<a href="mailto:contact-icc@indonesiacanada.org">contact-icc@indonesiacanada.org</a>