



HOLTON GUJARATI SENIORS SAMAJ
MEMBER'S REGISTRATION FORM

Name: Mr. / Ms _____
Surname First Name Middle Initial Martial Status

Address: _____

Street Number _____ Appt. No _____

.....
City Province Postal Code

Date of Birth Date Month Year / / Wedding Date Date Month Year / /

Telephone No _____ Cell No: _____ Email ID : _____

Emergency Contact Name _____ Contact No -- _____

Form Completed on _____ Signature _____

Please fill this form entirely so as to help us to serve you better and return to HGSS. Your Cooperation is much appreciated....
THIS FORM IS STRICKLY CONFIDENTIAL.

Thank you.....

RECEIPT #