



HALTON GUJARATI SENIOR SAMAJ

Milton, Ontario

Membership Registration Form

Name: Mr. / Mrs.: _____

Surname

First Name

Middle Initials

Marital Status

Address: _____

Street Number

Appt. No

City

Province

Postal Code

Date of Birth: _____ Wedding date: _____

Day

Month

Year

Day

Month

Year

Telephone No: _____ Cell No: _____

Email ID: _____

Emergency Contact Name: _____ Contact No: _____

Form Completed on: _____ Signature: _____

Membership recommended by: _____

Existing HGSS member in good standing

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

Thank you
HGSS Committee

Membership effective date: _____

Current HGSS executive for membership

Form updated on Dec, 1 2022