

LOHANA CHARITABLE FOUNDATION OF CANADA

P.O. Box 927, Adelaide Post Station
Toronto, Ontario, M5C 2K3

MEMBERSHIP APPLICATION

Date:

Husband's Last Name:

Husband's First Name:

Husband's Father's Name:

Husband's Town and Country Of Origin:

Spouses's Name:

Spouse's Maiden Last Name:

Spouse's Father's Name:

Spouse's Town and Country Of Origin:

Address:

APT Number:

City:

Province:

Country:

Postal Code:

Telephone Number (Home):

Telephone Number (Work Or Business):

Ext:

Cell Phone Number:

E-Mail Address:

Child 1 Name:

Birth Date:

(YYYY/MM/DD)

Child 2 Name:

Birth Date:

(YYYY/MM/DD)

Child 3 Name:

Birth Date:

(YYYY/MM/DD)

Child 4 Name:

Birth Date:

(YYYY/MM/DD)

Family Member 1:

Relationship:

Family Member 2:

Relationship: