



КОНГРЕС УКРАЇНЦІВ КАНАДИ
ПРОВІНЦІЙНА РАДА АЛЬБЕРТИ
UKRAINIAN CANADIAN CONGRESS
ALBERTA PROVINCIAL COUNCIL

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MEMBERSHIP APPLICATION FORM

Organization Name _____

Contact Info Address _____

Phone (____) _____ Fax (____) _____

Email _____

Type of Incorporation _____

Organization Status Federal Provincial Other _____

Incorporation Number (optional) _____ Date of Incorporation _____

Executive Members List

President _____

Vice President _____

Secretary _____

Treasurer _____

Signature of the President _____ Date _____

Contact number (bus.) _____ (res.) _____