# India Mahila (Women's) Association of British Columbia
# Membership Application Form

**Personal Information**

Name _____ (First) _____ (Middle) _____ (Last)

Telephone _____ (Home) _____ (Cell)

Email _____

**Residential Address**

Street Address _____ Postal Code _____

House No _____ City _____

**Professional Information**

Occupation _____ Organization/Employer _____

**Interest and Involvement** (Check all that apply):

- ☐ Education
- ☐ Victim Support & Referrals
- ☐ Health & Wellness Programs
- ☐ Youth Events
- ☐ Fundraising
- ☐ Cultural & Social Events
- ☐ Culinary Events
- ☐ Advocacy
- ☐ Seniors Events
- ☐ Other (please specify): _____

**Would you like to volunteer for any committees?** (Check all that apply):

- ☐ Yes
- ☐ No

**What skills can you contribute to the association?**

**Emergency Contact details**

Name _____ Cell _____

Relationship _____

**Payment Information – Membership Amount $10 CAD**

- ☐ Cash
- ☐ Cheque payable to India Mahila Association
- ☐ Online Payment via e-transfer to accounts@indiamahila.com

**Agreement and Signature:**

1. I hereby apply for membership in the India Mahila (Women's) Association of BC (IMA) and agree to abide by its bylaws and policies.
2. By joining IMA, I consent to receive phone calls, WhatsApp messages, and email communications from IMA representatives regarding important updates, event reminders, and other necessary communications.
3. I authorize IMA to use, reproduce, and publish any photographs, videos, or recordings taken of me during the event/meeting in IMA's promotional materials, including, but not limited to, social media platforms, websites, newsletters, and other marketing materials.
4. I understand that I can opt-out anytime by contacting IMA at info@indiamahila.com

☐ I Agree

| **Signature** | **Name** | **Date** |
|---|---|---|

# Membership Renewal

I hereby agree to all terms and conditions stated on Page 1 of this document and would like to renew my membership for IMA.

| # | Signature | Amount Paid (CAD) | Mode of payment (Cash/Cheque or etransfer) | Date |
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