

## MEMBERSHIP REGISTRATION

Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Child #1: \_\_\_\_\_

Child #2: \_\_\_\_\_

Child #3: \_\_\_\_\_

Child #4: \_\_\_\_\_

Child #5: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Prov Postal Code

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency contact (name, address, phone number): \_\_\_\_\_

\_\_\_\_\_

Program: \_\_\_\_\_

Signature \_\_\_\_\_

Hispanic Community Centre Society of BC  
4824 Commercial St, Vancouver BC V5N 4H1  
Phone: 604 872 4431 | Fax: 604 872 4448  
Email: hispanic@vcn.bc.ca

This certifies that: \_\_\_\_\_  
Is a member in good standing subject to the rules and  
regulations governing the use of the Hispanic Community  
Center affiliated programs and facilities.

Expires \_\_\_\_\_ Membership No. \_\_\_\_\_