



National Capital District
1026 Baseline Road, Ottawa, Ontario K2C 0A6

MEMBERSHIP REGISTRATION FORM FOR 2018
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ASSOCIATION: _____

1. PRESIDENT: _____

Address: _____

Telephone: _____

2. DELEGATE: _____

Address: _____

Telephone: _____

3. SUBSTITUTE: _____

Address: _____

Telephone: _____



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The Association: _____, in full accordance with the aims of the NCIC - National Capital District, agrees to lend its support and to pay the annual membership fee, which for 2018 is \$100.00 (one hundred dollars) for associations with more than 50 members and \$50.00 (fifty dollars) for associations with less than 50 members.

Enclosed is a cheque payable to 'NCIC (National Capital District)', and the list of individuals who, besides the President, can act as representatives of the Association.

PRESIDENT: _____

TELEPHONE: _____

President's signature

Date
