



MEMBER ORGANIZATION APPLICATION
UKRAINIAN CANADIAN CONGRESS
ONTARIO PROVINCIAL COUNCIL

Organization Name *(English)*

Organization Name *(Ukrainian)*

Address

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Telephone

Email

Website

No. of members in organization

Year organization established

President

Name *(English)*

Name *(Ukrainian)*

Address

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...
Telephone Email

Secretary

Name *(English)*

Name *(Ukrainian)*

Address

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Telephone Email.....

Briefly describe your Organization's objectives and activities:

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Name of Board Members (if applicable):

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We hereby submit our application for membership together with our constitution and by-laws (if available) to the Ukrainian Canadian Congress, Ontario Provincial Council

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President's name	President's signature	Date