

AFRICAN COMMUNITIES OF MANITOBA INC. (ACOMI)

Membership Application Form – Organization/Community Group

Please read the ACOMI Constitution, code of Conduct, Responsibilities and Rights before filling this application. **Annual Fee: \$100.00**

Membership Type <i>(Please check one)</i>			
<input type="checkbox"/> Affiliate	<input type="checkbox"/> Associate	<input type="checkbox"/> Honorary	<input type="checkbox"/> Friend(s) of Africa

Information About the Organization or Community Group			
Name:			
Address:			
Phone:		Fax:	
Website:			
Email:			

Key Officials <i>(Please place * beside the name of your Acomi Council representative)</i>			
Name	Position	Phone	Email

Brief Description of the Organization/Community Group

Certification
<i>I certify all information given to be true and complete. I have read the ACOMI Constitution, Code of Conduct, Responsibilities and Rights I understand that I am the authorized person designated to represent the organization/community group.</i>
Signature(1): _____ Signature(2): _____
Name(1): _____ Name (2): _____
Date: _____

For Office Use Only		
Officer's name:	Method of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Approval Date:
Financial System – Transaction #:	Account Label/No.:	

Please Return Completed Application Form with Membership Fee to one of the following addresses:
ACOMI Resource Centre, 101-421 Kennedy Street, Winnipeg MB. R3B 2N2
African Communities of Manitoba Inc. (ACOMI), 101-421 Kennedy Street, Winnipeg MB. R3B 2N2