La compagnie de danse folklorique Philippine de Montréal, Québec, Canada



PAMANA NG LUZVIMINDA

Philippine Folkloric Dance Company of Montreal, Quebec, Canada

Panana ng Lupini		MEN	<b>ABER</b>	SH	PF	ORM			
Date:	<ul> <li>New Membership</li> <li>Renewal</li> <li>Information Change</li> </ul>	Family Me	Membership \$25 mbership \$50	Method of Payment Cheque Cash					
		GENE	RAL INFORMATION						
Family Name:									
Street address:		Unit #:	City:		Province:	Postal Code:			
Home Telephone:		Emergency C	nergency Contact Name:			Emergency Contact Telephone:			
	MEMBER	RSHIP INFORMA	TION (List all to be registered	l as members of PA	MANA.)				
Given Name: 🗖 check	here if parent/ legal guardian	Middle Name	Middle Name: Family N			ame: (if different from above)			
Nick Name:	Date of	Birth: (mm-dd-yy)	Place of Birth:	Sex: M	□ F	Languages Spoken: English French Other Tagalog			
Email Address:		Other Teleph	Other Telephone: Cell Work			Home (if other, please specify)			
RAMQ #:		Allergies and	Allergies and/or Declared Medical Condition:						
Given Name: Given Name:	ame:		:	Family Nam	Family Name: (if different from above)				
Nick Name:	Date of	Birth: (mm-dd-yy)	Place of Birth:	Sex:	D F	Languages Spoken: Langlish French Other Tagalog			
Email Address:		Other Teleph	Other Telephone: Cell Work H			Home (if other, please specify)			
RAMQ #:		Allergies and	Allergies and/or Declared Medical Condition:						

2	Given Name:	Middle Name:			Family Name: (if different from above)					
	Nick Name:	Date of Birth:	(mm-dd-yy)	Place of Birth	:	Sex: M	□ F	Languages Sp Langlish Conter	ooken: □ French □ Tagalog	
	Email Address:	1	Other Telephone: Cell		Cell	U Work	Home	(if other, please s	pecify)	
	RAMQ #:	Allergies and/or Declared Medical Condition:								
3	Given Name:		Middle Name:			Family Name: (if different from above)				
	Nick Name:	Date of Birth:	(mm-dd-yy)	Place of Birth	:	Sex: I M	□ F	Languages Sp English Other	ooken: French  Tagalog	
	Email Address:	Other Telephone: Cell			Work Home (if other, please specify)					
	RAMQ #:	Allergies and/or Declared Medical Condition:								
4	Given Name: 🛛 Check here if parent/ legal gu	Middle Name:			Family Name: (if different from above)					
	Nick Name:	Date of Birth:	te of Birth: (mm-dd-yy) Place of Birth		:	Sex:		Languages Spoken: English French Other Tagalog		
	Email Address:	Other Telephone:		one:	Cell Work		Home	(if other, please s	other, please specify)	
	RAMQ #:	Allergies and/or Declared Medical Condition:								
	ADMINISTRATION USE ONLY									
				Memebership # Assignment						
	Received by:	1.		1.	3.					
	Entered by:	ued: 2.			4.					
							5.			