



Burgenlaender Club (Toronto) Inc.

www.burgenlanderclub.com

MEMBERSHIP APPLICATION

Please accept this as my application for a membership with the
Burgenlaender Club (Toronto) Inc.

I understand that I must obey the bylaws set forth by the club and pay the yearly applicable membership fees.

Name (print) _____ Birth Date _____

Address (print) _____

City (print) _____ Postal Code _____

Telephone No. _____

Country of Origin _____ Nationality _____

Town _____ Province _____

Name of Spouse _____ Birth Date _____

Country of Origin _____ Nationality _____

Town _____ Province _____

Applying for the Burgenlaendische Gemeinschaft Newspaper incurs extra cost:

Yes _____ No _____

Signature of Applicant _____ Date _____

Date _____

Please return to: Ms. Maria-Lucia Hergovich, Membership Convenor, 5 Rapallo Mews,
MISSISSAUGA, ON, L5N 1K8 Tel. 905-826-7986.