

Immigrant & Multicultural Services Society (IMSS) of Prince George

MEMBERSHIP APPLICATION FORM

Name:		
Address:		
Home Phone:	Cell Phone:	Work Phone:
Email:	(Occupation:
Country of Origin:		
Languages spoken/wri	tten:	
	er this membership is new Individual - \$10.00 per year / Organi	
I am interested in volu	unteering with IMSS:	
LINC Classes	Women &Senior Program	Special events
Settlement Services	Employment Services	Childminding
Youth Program	Multicultural Program	Others (please specify)
I HEREBY APPLY FOR N	ИEMBERSHIP TO THE IMMIGRANT {	& MULTICULTURAL SERVICES SOCIETY
AND AGREE TO ABIDE	BY THE RULES OF THE SOCIETY.	
Applicant's Signature:		_Date:
Board for membership in -Every member is a voting one voteMembership in the Socie -Every member must upho	n the Society, and the applicant become	

Being a member you could give back to the community and assist immigrants who need help and support!

Welcome to IMSS: Thank you for supporting this objectives of the society. We are pleased to have you join our membership. All information gathered will be kept confidential and will be used only by IMSS. IMSS adheres to and complies with the provisions under the provincial and territorial Human Rights Acts.