



COMHALTAS WINNIPEG, INC.

www.comhaltaswinnipeg.ca

PO Box 68033
RPO Osborne Village
Winnipeg, MB
Canada R3L 2V9

Annual Membership Form

Please complete form and mail to the address above.

DATE: _____

Type of membership (check one): single (\$25) or family (\$40)

NAME: _____

If family membership, enter names of family members:

ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

I am especially interested in (please check as many as you like):

MUSIC LANGUAGE SET/CEILI DANCE SINGING

OTHER (please specify) _____

Would you be willing to lend your skills Yes No and/or Volunteer Yes No

COMMENTS: _____

I have enclosed a check/money order for _____

Thank you,
Comhaltas Winnipeg Inc

