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FSM Member's Information

(Please print)

Full Name: _____ Nickname: _____

Address: _____

Tel. Nos: Home _____ Cell: _____

Email Address: _____

Place of Birth: _____ Date of Birth (mmddyyyy) _____

Citizenship: _____ Civil/Marital Status: _____

IN CASE OF EMERGENCY: WHO TO CONTACT *(nearest relative or partner)*

Full Name: _____ Relationship: _____

Address: _____

Tel. Nos: Home _____ Cell: _____

State briefly about your hobbies, skills, professional endeavours, or what other things you love to do, share, or activities you would like to participate in with the group

What is your college or professional background? _____

What is your line of work if you are currently working or before you retired?

What is the name of the Company you are working with or before you retired?

Please be informed that as a member of a non-profit organization, like FSM, you hereby agree to your names, contact no., e-mail address and home address being collected and shared with other FSM members for internal use only or as may be required by governmental agencies for info or reporting purposes.

Signature: _____ Date of Membership (mm/dd/yyyy) ____/____/____

Sponsored by a currently bonafide FSM member: _____

Note: Annual \$25 FSM membership fee is due by January of each year.