



Membership Application Form

Date: _____

Family Name:	Christian Name:
Mailing Address:	
Email Address:	
Phone Number:	Mobile Number:
Date of Birth:	Family Origin:
Country of birth:	
Sponsored By or referred by :	Sponsor's Member Number:
Do you own a business :	If yes ; Would your business like to be part of our Member Discount Program

<u>Membership 1 Year:</u>	<u>Number of People:</u>	<u>Key ring no:</u>
\$20 Adults		
\$10 Children (under 18)		

.....**Tear along this line**

Once application is processed Members will receive the following benefits

Key ring No ()

- Promoting Lebanese Culture and keeping the spirit alive.
- Free Exclusive Ceda Key Ring
- Free Ceda Hat
- Member Discounts at Chosen Retail and food Outlets
- Support a Not For Profit Organisation
- Part Proceeds donated to charities