



CICS LINC Centre
 4002 Sheppard Ave. East,
 Suite 501, Scarborough
 Phone: 416-299-8118
 Fax: 416-299-7898
 Website: www.cicscanada.com

C I C S
LINK STUDENT CLUB
MEMBERSHIP REGISTRATION

| Member Information (Please print and complete in full) | | |
|---|---|------------------------------|
| Last Name : | | First Name : |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth: (day/month/year) | First Language (e.g. Tamil): |
| Telephone (Home): | Cell Phone: | Email Address: |
| Date of Arrival in Canada: | Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Others | |
| You are: <input type="checkbox"/> Current student (Class Code: _____ Name of Teacher: _____) <input type="checkbox"/> Graduated student or you have left our LINC program (Please indicate the period of time you were in our LINC class e.g. 2003-2007) : | | |
| Your interests in joining LINK Student Club (Please put a √ in the area or activity you would like to join. You can choose more than one.) | | |
| <input type="checkbox"/> Social networking <input type="checkbox"/> Outing / Visit <input type="checkbox"/> English conversation group <input type="checkbox"/> Job finding club <input type="checkbox"/> Reunion party <input type="checkbox"/> Volunteering in community <input type="checkbox"/> Experience sharing / workshop on Canadian living <input type="checkbox"/> Join interest group:(specify) _____ <input type="checkbox"/> Facilitate interest group: (specify) _____ <input type="checkbox"/> Data entry for membership database <input type="checkbox"/> Be a LINK Student Club Ad Hoc Committee member <input type="checkbox"/> Volunteer to help in LINK Student Club (except being committee member or facilitate interest group) <input type="checkbox"/> Others: (specify) _____ | | |
| Signature of Applicant: | | Date: |
| For Office Use Only | | |
| Membership No.: | | ARS Ref. # : |
| | | Date of Registration: |
| Member Status: <input type="checkbox"/> Current student: (class code) _____ <input type="checkbox"/> Graduate/ withdrawn student: (period of time) _____ | | Remarks: |

- Please return the completed form in one of the following ways:**
4. CICS front desk at LINC Centre (4002 Sheppard Ave. E., # 501), Woodside Square (1571 Sandhurst Circle, #202) or Immigration Resource Centre (2330 Midland Ave.)
 5. Fax to CICS LINC Centre: 416-299-7898.
 6. Email to Jessica Kong, CICS LINK Student Club Office: j.fu@cicscanada.com. Please specify in the email's subject, "Student Club Membership Registration".