



CANADIANS AGAINST IMMIGRATION FRAUD CANADIENS CONTRE IMMIGRATION FRAUDE

MEMBERSHIP FORM

Membership Fee- \$100.00 per member
(Please make cheque payable to-Canadians Against Immigration Fraud)

PLEASE PRINT CLEARLY ON THE FORM

Full Name: _____

Address: _____

City : _____ **Postal Code:** _____

Telephone: (Res) _____ **(cell)** _____

E-mail Address: _____

Please tell us if you are a:

Victim _____ Supporter _____ Relative _____

I understand that Canadians Against Immigration Fraud (CAIF) is a Non-Profit Organization. I agree to abide by all the rules of the organization. I will work honestly and diligently to obtain justice for all victims of Immigration Fraud.

Signature: _____ **Date:** _____

Would you be interested in being an active committee member?

Yes _____ No _____

Receipt issued: Yes _____ No _____

Receipt issued by: _____