

ONTARIO ASSOCIATION OF WOMEN'S CENTRES MEMBERSHIP APPLICATION FORM

C/o North York Women's Centre
201 Caribou Road
North York, ON M5N 2B5
Tel: 416-781-0479
Fax: 416-781-3822

Name of Centre					
Contact Person	Name	Title/Position	Email Address		
	Street Number		City	Province	Postal Code
Address			ONT		
Telephone Number			Fax Number		
Website Address					

MEMBERSHIP FEE STRUCTURE

\$100 Per Centre

MEMBERSHIP SUBSCRIPTION / RENEWAL

I, _____, would like to APPLY or RENEW Membership for 2007
Name of Chairperson/President of Board of Directors

and I am authorized to make this application on behalf of our Centre. Our Centre falls under the category of a *multiservice, community based agency, run by and for women, aimed at supporting, enriching, and empowering the lives of women in Ontario.*

Signature	Date
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**PLEASE RETURN THIS FORM WITH YOUR CHEQUE PAYABLE TO THE:
ONTARIO ASSOCIATION OF WOMEN'S CENTRE
C/o: North York Women's Centre**

FOR ADMINISTRATION PURPOSES ONLY

MEMBERSHIP INFORMATION

Most Recent Year Of Membership	Amount Received
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CURRENT MEMBERSHIP PAYMENT

Date Payment Received	Amount Received
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