



REXDALE WOMEN'S CENTRE MEMBERSHIP OR DONATION FORM

925 Albion Road, Suite 309, Etobicoke, Ontario M9V 1A6
Tel: 416-745-0062 Fax: 416-745-3995 Email: admin@rexdalewomen.org

Name:		Organization Name:
Address:		Home Tel.#:
City:	Province: ONTARIO	Business Tel.#:
Postal-Code:	Email:	

FULL MEMBERSHIP WITH VOTING RIGHTS

\$10.00 Employed _____
\$ 5.00 Unemployed/Student _____
\$ 2.00 Client _____
\$20.00 Organization/Institutional (2 Voting Candidates) _____
(Business, community agencies, private organizations)

For Organizations, Institution, please indicate candidates with voting rights:

First Candidate: _____

Second Candidate: _____

ASSOCIATE MEMBERSHIP WITH "NO" VOTING RIGHTS

\$ 5.00 For Individual Staff _____
\$ 2.50 Unemployed/Student _____
\$ 2.00 Client _____
\$10.00 Organization/Institutional _____

MEMBERSHIP APPLICATION

I/We would like to apply for membership for **April 1, 20__** to **March 31, 20__**

New Member: Renewal:

Signature: _____ Date: _____

DONATION

I / We would like to make a donation in the amount of \$_____ to the Rexdale Women's Centre. Only amounts of \$10.00 or more will be received.

PLEASE RETURN THIS FORM WITH YOUR CHEQUE
PAYABLE TO **THE REXDALE WOMEN'S CENTRE**

Administration only:

Date: _____ Previous Member:(Indicate Year) _____

Registered by: _____

