

**REXDALE WOMEN'S CENTRE
MEMBERSHIP APPLICATION FORM**

23 Westmore Drive Suite 400, Etobicoke, Ontario M9V 3Y7
Tel: 416-745-0062 Fax: 416-745-3995 Email: admin@rexdalewomen.org

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

FULL MEMBERSHIP WITH VOTING RIGHTS

\$10.00 Individuals who are 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.

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 receipted.

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

For Administration Use Only:

Date Received: _____ Membership Year _____

Previous Member (Indicate Year): _____