

Annual Membership Application Form

Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> _____	
First Name:	Last Name:
Email:	
Address:	Apartment/Suite Number:
City:	Province: Postal Code:
Home phone:	Cell phone:

As a Member, you enable the organization to maintain its legal non-profit status by:

- ✓ Voting and electing our Board of Directors at the **Annual General Meeting**.
**membership fee needs to be paid prior to August 31st, 2016 to be able to qualify to vote for 2016 AGM*
- ✓ Participating in all Members' Meetings and at agency events
- ✓ Providing input to WWCC through committees and consultations
- ✓ Supporting our work as volunteers and donors to improve the lives of children, families, seniors and disenfranchised groups in Southwest Scarborough
- ✓ Contributing a strong advocacy voice for the community in the agency's leadership and consultation processes

Individual Membership \$5 - valid until December 2016

New

Renewal

My \$5 Membership Fee is enclosed

Yes, I would like to offer financial support to the Centre. *Tax receipt will be issued on donation of \$20 or more.*

My Donation of \$50 \$100 \$200 Other _____

Total Enclosed: _____ Cash Cheque

Payable to: Warden Woods Community Centre
Mail to: Membership Department
Warden Woods Community Centre
Scarborough, ON M1L 1N9

I, _____ on _____ Am 18 years of age or older and am interested in becoming
(Signature) (Today's Date) involved with the mission of the Centre and becoming a voting
Member of the Centre.

WWCC is committed to your privacy. The information you provide will be used to keep you informed and up-to-date on events, programmes, and fundraising opportunities.

Thank you for supporting Warden Woods Community Centre, our programmes, our clients and our neighbourhood.

