Warden Woods
Community Centre
Where Community Meets Opportunity

Annual Membership Application Form

Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. ☐ _____	
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

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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 involved with the mission of the Centre and becoming a voting Member of the Centre.
(Signature) (Today's Date)

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.