

Concerned Friends of Ontario Citizens in Care Facilities



140 Merton St., Second Floor, Toronto, Ontario M4S 1A1 (416) 489-0146

MEMBERSHIP APPLICATION

BN/Registration Number: 118871771 RR0001

Please print.

Name: _____

Corporate Contact: _____
(if applicable)

Address: _____

City & Province: _____

Postal Code: _____ Telephone: _____

Email: (optional) _____

to receive our newsletter by email please check here

Date: _____

Membership Fee

Please enclose a cheque made payable to: Concerned Friends of Ontario Citizens in Care Facilities.

In order to assist with operating expenses, we would appreciate any donation you are able to make in addition to your membership fee. A tax receipt will be issued for donations over \$10.00.

	<u>Fee</u>		<u>Donation Amount</u>		<u>Total Enclosed</u>
<input type="checkbox"/> Individual Member	\$20.00	+	\$ _____	=	\$ _____
<input type="checkbox"/> Group or Organization Member	\$35.00	+	\$ _____	=	\$ _____
<input type="checkbox"/> Senior or Person with a disability	\$15.00	+	\$ _____	=	\$ _____
<input type="checkbox"/> Associate Member* (Non-voting)	\$20.00	+	\$ _____	=	\$ _____

* Individuals, corporations, partnerships or other legal entities or unincorporated associations who are owners or associates or employees of a long term care facility or who have interest in the same, wholly or in part, including their relatives. These members shall not be qualified to sit on the board or represent our organizations at meetings.

Your membership is important. If the fee presents financial difficulties, please feel free to join at the level appropriate to your situation.

Volunteer Contribution

Volunteers are always welcome! If you are interested in contributing in this way, please check this box. A member will contact you by phone.

Thank you for your membership.
Please complete this form and mail it back to us at the address above.