



CENTRE FOR DIVERSE WOMEN & FAMILIES

**MEMBERSHIP APPLICATION FORM 2017**

Please check off the appropriate membership category:

- Individual Membership      Annual Fee: \$25
- Organization Membership      Annual Fee: \$50
- Business/Corporation      Annual Fee: \$100

**Membership status**

- New Member
- Renewal

Please fill out all the following information:

**Name** (*Individual/Group/Organization*): \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Web site:** \_\_\_\_\_

**Only for Groups, Organizations or Businesses**

**Executive Director:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Position** \_\_\_\_\_

**Address and city** (*If different than above*): \_\_\_\_\_

**Postal Code** (*If different than above*): \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

We support MIAG mission statement, which is to enhance the capacity of individuals and families from different ethno-cultural communities through empowerment, innovation, and well-being based programs and services.

**Please be advised that the membership year is January to December.**

**Authorized representative:** \_\_\_\_\_  
*Signature*

**Please print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Checklist (For the use of MIAG only):**

- Fully completed Membership Application
- Paid Fee     Cheque     Cash

Responsible signature: \_\_\_\_\_