



**Scarborough
Women's
Centre**

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www.scarboroughwomenscentre.ca

MEMBERSHIP APPLICATION/RENEWAL 2009

We need your involvement in making the Centre an effective, member-driven agency.
We value your support and welcome you to renew your membership. *Thank you!*

Name: _____

Address: _____

_____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

Type of membership:

Student/Senior	\$ 5.00	_____	General Membership	\$10.00	_____
Agency Member	\$30.00	_____	Corporate Sponsorship	\$50.00	_____

* Active Volunteers or Active Participants may request that their fees are waived.
Please indicate which of these categories represents you. _____

This is a new membership a renewal

Also, enclosed is my donation cheque for \$_____ payable to Scarborough Women's Centre.
Visa/MasterCard # _____ Expiry Date: _____ Signature: _____

- I am interested in volunteering at the Centre
- Yes, you may acknowledge my participation and send me mailings related to Centre activities.

Scarborough Women's Centre facilitates the empowerment of any woman wanting to leave an abusive or isolating situation, so that she can implement long term positive changes with confidence.

I support the mission statement, and show my support by registering as a member of the organization. (Please sign your name below)

Your Signature

Date _____