

Membership Form

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|--|--|-------------------------------|--|
| Name | | | |
| Address (including city and postal code) | | | |
| Telephone # | | E-mail | |
| Cell phone # | | Date of Birth (DD/MM/YYYY) | |
| Emergency contact # | | Relation to you | |

A 4 Korner Family Resource Center membership costs \$ 10.00 per year for individuals and is free for anyone under 18. Membership entitles you to:

- Attend the Annual General Meeting and vote;
- To elect the Board of Directors;
- To become a member of the Board of Directors;
- Allows you to benefit from a reduced rate for some special activities and free for most activities.
- Be consulted about programs, projects and activities;

Your annual membership allows 4 Korner to continue to offer services in the community and work to improve access to information, resources and services in English for youth, adults and seniors and their families. In addition, you enable 4 Korner to continue various programs in English throughout the Laurentians.

Thank you!

To fill by administration

Payment received on: _____ Cash Check Credit F.A.

Initials

Payment received by: _____ Renewed on: _____

1-year Memberships are valid from the date of purchase of each year.

When applicable, F.A. approved by: _____