



# FAMILIES CANADA

(Formerly: The Canadian Association of Family Resource Programs)

## 2018-2019 Membership Form

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_  
(all mailings will be addressed to this individual)

Mailing Address \_\_\_\_\_  
(Street) (City) (Province) (Postal Code)

Street Address \_\_\_\_\_  
(if different than mailing) (Street) (City) (Province) (Postal Code)

Telephone ( ) - ext. \_\_\_\_\_ Email \_\_\_\_\_  
(All correspondence will be sent to this address)

Fax ( ) - Website \_\_\_\_\_

Number of program locations _____	<b>AFFILIATION</b> <i>Please check all that apply.</i>
<u>PREFERRED LANGUAGE OF CORRESPONDENCE</u>	<input type="checkbox"/> Family Resource Centre <input type="checkbox"/> Aboriginal <input type="checkbox"/> CAPC-CPNP <input type="checkbox"/> Best Start Hub <input type="checkbox"/> Parent Family Literacy Centre <input type="checkbox"/> Military Family Resource Centre <input type="checkbox"/> OEYC <input type="checkbox"/> Parent Link Centre <input type="checkbox"/> OEY Satellite <input type="checkbox"/> Student <input type="checkbox"/> Health Unit/Hospital <input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> I would like more information about group insurance plans for Families Canada members	

### PAYMENT

Membership fee, expires March 31 2019 \$ 100  
(No GST/HST, in accordance with CRA ruling)

Donation to Families Canada \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Method of payment**       Cheque (payable to Families Canada)  
    Visa/MasterCard

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

Expiry Date \_\_\_\_\_

Card Number \_\_\_\_\_

### FOR OFFICE USE ONLY

New       Renewal

Member # \_\_\_\_\_

**Expiry**      **March 31, 2019**