



(Formerly: The Canadian Association of Family Resource Programs)

## 2022-2023 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"/> English	<input type="checkbox"/> CAPC-CPNP	<input type="checkbox"/> Best Start Hub
<input type="checkbox"/> French	<input type="checkbox"/> Parent Family Literacy Centre	<input type="checkbox"/> Military Family Resource Centre
<input type="checkbox"/> Bilingual	<input type="checkbox"/> EarlyON	<input type="checkbox"/> Parent Link Centre
	<input type="checkbox"/> EarlyON 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, valid for 12 months (No GST/HST, in accordance with CRA ruling) \$ 100

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

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

### FOR OFFICE USE ONLY

New  Renewal

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

**Expiry: 12 months from date of payment**

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

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

Signature \_\_\_\_\_

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

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