

# 2011

## DELTA FAMILY RESOURCE CENTRE - MEMBERSHIP

DFRC is a multi-ethnic, community based organization that enhances the potential of families, children and youth through programs that promote well-being. Our service area includes Keele Street (east), Martingrove Avenue (west), Lawrence Ave West (south), and Steeles Ave W (north).

The Board of Directors of Delta Family Resource Centre invites those who share in the values and Mission of our organization (as outlined in the Mission Statement) to become members.

I certify that I live, work or volunteer in the City of Toronto area therefore I am eligible to become a "VOTING" member.

Membership Renewal (\*voting)

New Member (\*voting)

\* To be eligible to vote, fees must be received or postmarked two months prior to the Annual Meeting.

**Member Information (please print):**

Gender:  Male

Female

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Nearest major Intersection: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

**Organization/Group Information (complete only if registering for Org./Group membership):**

Name of Organization: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_  
(Last Name) (First Name)

Position: \_\_\_\_\_ Tele: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

I/we support the Mission of Delta Family Resource Center and wish to become a member.

Fee enclosed  \$2.00 Renewal/New Member  \$20.00 Associate Member/Organization/Group

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Donation:** I wish to make a donation of:  \$10.00  \$20.00  \$50.00  Other \$ \_\_\_\_\_

**Tax receipt will be issued for contributions over \$10.00.** Charitable Reg. Number 13243 3335 RR0001

Name of Delta Representative: \_\_\_\_\_ Total Enclosed \$ \_\_\_\_\_

*We greatly value your membership. Thank you!!!*

*Jan 19/11*