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YES! I WOULD LIKE TO BECOME A MEMBER OF COMMUNITY ACTION RESOURCE CENTRE

NAME

ADDRESS

HOME TELEPHONE NO.

CELL NO.

EMAIL

The following only are deemed to be Voting Members of the Corporation:

" Those individuals, resident or employed in the City of Toronto, at least eighteen years of age, interested in helping to promote the objectives of the corporation, who have registered with the Secretary on an annual basis and obtained membership "

I AGREE TO UPHOLD THE OBJECTIVES OF THE CORPORATION AND HEREBY APPLY FOR MEMBERSHIP AS:

- VOTING MEMBER - I am resident or employed in the City of Toronto and at least eighteen years of age
 SUPPORTING MEMBER (non-voting). Supporting membership is open to all

SIGNATURE

DATE

**There is no charge for membership. Donations will be gratefully accepted.
Income Tax Receipts issued on amounts of \$10 and above.**

\$ _____

THANK YOU! WE NEED AND APPRECIATE YOUR SUPPORT. PLEASE RETURN THIS FORM TO ONE OF OUR OFFICES