**SAFSS Membership Application From**

**Please check off the appropriate membership category**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Membership Type** | **Annual Fee** |  |  |  |
| Client | $0 |  | **Member Status:** | New |
| Volunteers | $5 |  |  | Renewal |
| Individual | $10 |  |  |  |
| Organization | $50 |  |  |  |
| Business | $100 |  |  |  |

**Please fill in ALL the following information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** (Individual/Group/Organization): | |  | | |
| **Address:** |  | |  |  |
| **City:** |  | | **Postal Code**: |  |
| **Telephone:** |  | | **Fax:** |  |
| **E-mail:** |  | | **Website:** |  |

**For groups, organization or businesses only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Executive Director:** |  |  |  |
| **Contact Person:** |  | **Position:** |  |
| **Address and City** (if different than above) |  | **Postal Code**: |  |
| **Telephone:** |  | **Email:** |  |

We support the SAFSSMission Statement, which is to assist, educate and empower newcomers, women, seniors, youth, children & families in their integration process to improve their quality of life, realize their fullest potential and become contributing members of the Canadian society.

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized Representative Signature:** |  | **Date:** |  |
| **Please print name:** |  |  |  |

Membership is active for one year from the date of each annual meeting to the end of the following annual meeting.

|  |  |  |  |
| --- | --- | --- | --- |
| **For SAFSS use only** |  |  |  |
| Completed Application | Paid Fee | Cheque | Cash |

**DECLARATION**

|  |  |  |
| --- | --- | --- |
| I |  | hereby declare the following: |

1. That I am eighteen years of age or more.
2. I reside in Greater Toronto Area (GTA).
3. I am enclosing the annual membership fee as determined by the Board of Directors.
4. I undertake to act in the best interest of SAFSS.
5. I undertake to abide by the By-Laws of SAFSS and any decision of the Board of Directors.
6. I agree to endorse and actively demonstrate SAFSS mission, vision and principles as outlined in the By-Laws.

If, I am found to be in violation of any of the above declarations, I understand that my membership may be terminated without any notice.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signed | Place | Date |

The person fulfills the membership requirements and is admitted as a general member of

**Settlement Assistance & Family Support Services (SAFSS)**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signed | Place | Date |