



Membership Application

Individual Membership <input type="checkbox"/> \$25	or	Family Membership <input type="checkbox"/> \$25
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I / we have read and support the Family Alliance Ontario Accord	Signature(s) _____

	Date: _____

Name(s) _____

Address _____

City/Town _____ Postal Code _____

Phone(s) _____

Email _____

I understand my contact information will be used for FAO communication only and will not be shared.

Interested in volunteering? (check all that apply) <input type="checkbox"/> Network Development <input type="checkbox"/> Conference Planning <input type="checkbox"/> Newsletter <input type="checkbox"/> Website <input type="checkbox"/> Board of Directors <input type="checkbox"/> Other _____	Issues or concerns to share:
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Are you associated with a family network or do you have family directed group affiliation?

If so, what is the name of your network or group? _____

****Please send the completed and signed application form to familyallianceont@gmail.com. We will then provide necessary information to submit payment through e-transfer. Alternately, please mail completed application form and cheque to:*

Family Alliance Ontario c/o Durham Family Network;
20-850 King Street West Oshawa, ON L1J 8N5
905-723-8111