

MEMBERSHIP FORM

Name: _____

Email: _____

Address: _____

Phone: _____

YES! I want to support Midaynta Community Services

with a yearly membership

* Membership is open to anyone who shares the mission and the vision of Midaynta Community Services

Voting Criteria:

- * Individual 18 years or older
- * Resident of the Greater Toronto Area
- * Pay Membership fees

Membership Fees:

- Seniors & Students - \$10.00
- Individuals - \$20.00
- Organizations - \$50.00

Responsibilities:

- * Attend AGM
- * Vote at AGM