



Date: _____ Group Membership Annual Fee: \$50.00

Group Name: _____

Mailing Address: _____

_____ Phone: _____

Executive:

President

Secretary

Name: _____ Name: _____

Address: _____ Address: _____

Postal Code: _____ Postal Code: _____

Phone: _____ Phone: _____

email: _____ email: _____

Treasurer

Rep to CAC

Name: _____ Name: _____

Address: _____ Address: _____

Postal Code: _____ Postal Code: _____

Phone: _____ Phone: _____

email: _____ email: _____

Date of Monthly Meetings: _____ AGM: _____

Location of Meetings: _____

Is your group registered under the Society's Act? _____ Society Act # _____

Is your group a registered Charity? _____ Registration # _____

Number of Members _____

Membership Fee _____

June, 20