



NEW MEMBERSHIP INFORMATION FORM

Please note that memberships run from October 1 to September 30.

Group/Organization: _____

Address: _____

Town/City: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Contact Name: _____

Title: _____

Hours: _____

Services: _____ Client Costs: _____

Restrictions: _____

Accessible: yes no Volunteers yes no

Other Information: _____ Date: _____

PLEASE RETURN WITH A CHEQUE FOR
\$100 PAYABLE TO **Community
Development Council Durham** TO:

Community Development Council
Durham
458 Fairall St, Unit 4
Ajax, ON, L1S 1R6

THANK YOU FOR YOUR SUPPORT

Office Use Only:
Receipt issued ____
Added to database ____
Profile on website ____