

**MONTREAL COUNCIL OF WOMEN / LE CONSEIL DES FEMMES DE MONTREAL
MEMBERSHIP RENEWAL**



PLEASE CHOOSE ONE: **INDIVIDUAL** **FEDERATE**

INFORMATION REQUIRED: INDIVIDUAL MEMBER OR FEDERATE PRESIDENT AND REPRESENTATIVES

Name of Applicant:
(President's Name if Federate)

Name of Federate: _____ Number of Members: _____

Email Address: _____

Address: _____ Province: _____ Postal Code: _____

City: _____ Telephone: _____ Cell: _____ Fax: _____

REPRESENTATIVE TO COUNCIL (FEDERATE):

Name: _____

Email: _____

Address: _____ Province: _____ Postal Code: _____

City: _____ Telephone: _____ Cell: _____ Fax: _____

REPRESENTATIVE TO COUNCIL (FEDERATE):

Name: _____

Email: _____

Address: _____ Province: _____ Postal Code: _____

City: _____ Telephone: _____ Cell: _____ Fax: _____

ANNUAL FEES

INDIVIDUAL Member \$35.00 Patron Member \$60.00

FEDERATE 1- 99 Members \$40.00 100 + over Members \$50.00

PAYMENT

Please make your cheque payable to: **Montreal Council of Women**

RETURN ADDRESS

Please return the completed form with your cheque to the Membership Secretary.

Shirley Gyles, Membership Secretary

P.O. Box 72117, 151 Atwater Ave.

Montréal, QC H3J 2Z6