



2010 ANNUAL MEMBERSHIP FORM

YES! I would like to renew my membership with Central Neighbourhood House!

YES! I would like to become a member of Central Neighbourhood House!

First Name: _____ Last Name: _____

Address: _____ Apt. #: _____

Postal Code: _____

Phone(s): _____

Email: _____

Enclosed is my \$_____ membership fee. (\$2.00 to \$10.00 sliding scale or waived)

I agree to support the general purpose of CNH and adhere to its principles and values, declare that I am over 18 years of age and not employed by CNH.

Signature of Applicant

Date

Office use only:

Received by: _____
(Print name and department)

Date Received: _____