



## MEMBERSHIP APPLICATION FORM

**Contact Name:** \_\_\_\_\_

**Contact Title:** \_\_\_\_\_

**Group Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**EMAIL Address:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**Areas of Interest:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cheque Payable to: Federation of Urban Neighbourhoods (Ontario) Inc. in the amount of \$25 (Annual Fee)**

Remit to: **Don Stewart, Treasurer  
Federation of Urban Neighbourhoods  
217 Remic Avenue  
Ottawa, ON K1Z 5W6**