



## MEMBERSHIP APPLICATION/RENEWAL FORM

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

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

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

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

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

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

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

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

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

Areas of interest: \_\_\_\_\_

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**Cheque Payable to: Federation of Urban Neighbourhoods (Ontario) Inc.**

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

**Receipt:** Send  Paper copy to above address

Electronic copy to  above email address or

this address: \_\_\_\_\_