



Settlement Assistance & Family Support Services (SAFSS)

MEMBERSHIP APPLICATION FORM

Please check off the appropriate membership category:

- Individual Membership Annual fee: \$10
 Organization Membership Annual fee: \$50
 Business/ Corporation Annual fee: \$100
 Clients & Volunteers Annual fee: \$5.00

Membership Status
New Member ()
Renewal ()

Please fill out ALL the following information:

Name (Individual/Group/Organization): _____

Address: _____

City: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

E-mail: _____

Web site: _____

Only for Groups, Organization or Business

Executive Director: _____

Contact Person: _____ Position: _____

Address and City (if different than above) _____ Telephone: _____

E-mail: _____ Fax: _____

We support the **SAFSS** mission statement, which is to assist, educate and empower newcomers, women, seniors, youth, children & families in their integration process to improve their quality of life, realize their fullest potential and become contributing members of the Canadian society.

Authorized Representative –Signature:

_____ Please print name: _____

Date: _____

The membership shall be for one year, from the date of each annual meeting to the end of the following annual meeting.

Checklist (For the use of SAFSS only):

- fully completed Membership Application
 Paid Fee Cheque Cash

Responsible Signature

Settlement Assistance & Family Support Services (SAFSS)

1200 Markham Road, Suit #214 & 221 Scarborough, ON M1H 3C3

Tel: (416) 431-4847 Fax: (416) 431-7283

E-mail: reception@safss.org Website: www.safss.org

DECLARATION

I
here by declare as follows:

1. That I am eighteen years of age or more
2. That I reside in Greater Toronto Area (GTA).
3. I am enclosing the annual membership fee as determined by the Board of Directors
4. That I undertake to act in the best interest of SAFSS
5. That I undertake to abide by the By-Laws of SAFSS and any decision of the Board of Directors
6. That I agree to endorse and actively demonstrate SAFSS mission, vision and principles as outlined in the By-Laws.

If, I am found to be in violation of any of the above declarations, I understand that my membership may be terminated without any notice.

Signed

Place

Date

The person fulfills the membership requirements and is admitted as a general member of
Settlement Assistance & Family Support Services (SAFSS)

Signed

Place

Date