

## CCFEW Membership Form

New: \_\_\_ Renewal: \_\_\_ Date: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Please put me on the e-mail list for notification of events & meetings: Y / N*

*Electronic communication only. Do not send paper copies of newsletters, etc. Y / N*

Individual : \$10 \_\_\_ Family : \$15 \_\_\_

Mail this form along with a cheque payable to "CCFEW" to:  
CCFEW, 6 Meaford Avenue, Etobicoke, Ontario M8V 2H5