

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

Individual : \$10 ___ Family : \$15 ___

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