

## CCFEW Membership Form

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

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

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

\_\_\_\_\_

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

*Please put me on the e-mail list for notification of events & meetings: \_\_\_*

Individual : \$10 \_\_\_ Family : \$15 \_\_\_ Institutions/Corporate : \$25 \_\_\_

Mail this form along with a cheque/money order payable to "CCFEW" to:

CCFEW, 6 Meaford Avenue, Etobicoke, Ontario M8V 2H5