



CommunityWise Resource Centre Individual Membership Application Form:

1. Name: _____.

2. Reason for applying for membership with CommunityWise:

3. Contact Information:

| | |
|------------------------|--|
| Main contact phone | |
| Main contact email | |
| Address | |
| | |
| Phone (Office / Other) | |
| E-mail | |

3. Type of membership requested:

Full Member- involves active participation in committees, organizing events and individuals can access the space after hours. (\$25 annual plus \$200 damage deposit)

Associate Member – can participate in events and committees and can book space only during office hours. (\$25 annual fee, no damage deposit)

Please attach the following to your application:

Two references, name, phone number and email.

Application Fee \$25.00 paid in cash

Date:

Applicant's signature: _____

Date:

Print name:

Membership Committee Signature: _____

Date:

Print name: