



Family Alliance Ontario

Membership Application

- Individual Membership or Family Membership \$25/year* \$
- * Contribute what you can if dues present a financial challenge \$
- Donate to further support Family Alliance work \$

Membership year April 1- March 31 _____
Total Enclosed \$ _____

I / we have read and support The Family Alliance Ontario Accord

Signature _____ Date: _____

Name(s) _____

Address _____

City/Town _____ Postal Code _____

Phone(s) _____

email _____

I understand my contact information will be used for FAO communication only, and will not be shared

Are you interested in volunteering?

- Network development
- Newsletter
- Other
- Annual Conference
- Website

Issues or concerns to share with us?

Are you associated with a family network or do you have family directed group affiliation?

If so, what is the name of your network or group? _____

Mail your completed application and a cheque payable to:

Family Alliance Ontario
 c/o Durham Family Network
 20 - 850 King Street West Oshawa, Ontario L1J 8N5