ERIN MILLS YOUTH CENTRE

3010 The Collegeway, Mississauga, ON, L5L 4X9

PHONE: (905) 820-3577

Application for Regular Membership (voting) of the Erin Mills Youth Centre

Last Name:	First Na	ame:	Male/ Female
Address:			
	(City	Postal Code
PHONE: Home:		_Work:	_
Cell #			
Email address:			
I submit submit Youth Centre to be a Regular Memb			ard of Directors of the Erin Mills
I am committed to improving the qualities Erin Mills area to succeed.	ality of life and p	provide opp	portunities for youth in the west
I understand that membership with the of Directors. I also understand that I condition for any youth voluntary se	will be asked for	r a valid Po	
I understand that my membership en Special Meeting.	titles me to one	vote per iss	ue at an Annual General or
I am a resident of Ontario and over t	he age of 18 year	rs.	
I am willing to pay an annual fee of	\$10 for members	ship	
How did you find out about EMYC? programs; Flyers/posters; c			
Would you like to volunteer at EMY	C? Committee_	board_	programs/services
THANK YOU for your interest i	n Erin Mills You	ıth Centre-	WELCOME!
Membership Fee paid: cashc	cheque	Date:	
Dated S	Signature		

T		N 4'11
Youth Centre to be a	submit my application to the Board of Directors of the Erir Associate Member of this organization.	1 Mills
I m committed to im Erin Mills area to su	proving the quality of life and provide opportunities for youth in the ecced.	e west
of Directors. I also u	mbership with the Erin Mills Youth Centre is at the discretion of the inderstand that I will be asked for a valid Police Records Check as a ath voluntary service I may provide.	
I understand that my Meeting.	membership does not allow me to vote at an Annual General or Spo	ecial
Dated	Signature	

Application for Associate Membership (youth, non-voting) of the Erin Mills Youth Centre