

Membership Application Form

MEMBERSHIP IS VALID UNTIL AUGUST, 2012

Please fill out this form and return it to patchforkids@yahoo.ca followed by your payment to Good Grief Resource Centre, 936 Lorne Avenue, London ON, N5W 3L1. Memberships are activated, once payment is received.

DATE _____

ORGANIZATION NAME _____

MAIN CONTACT _____ POSITION _____

ADDRESS _____ CITY _____

POSTAL CODE _____ WEB ADDRESS _____

TELEPHONE _____ FAX _____ EMAIL _____

MEMBERSHIP FEE: \$50.00 annual membership
Please make cheque payable to Good Grief Resource Centre

Office use only: Date received _____ *Cash* _____ *Cheque No.* _____ *Cheque Date* _____

Good Grief Resource Centre does not share contact information with other organizations.

I/We understand that the name of our organization will be posted on the Membership Community on the Internet at <http://www.patchforkids.ca> if we choose to have a presence on the website.

Signature