

SERVICE COORDINATION DES SERVICES

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____ APT #: _____

CITY: _____

PROVINCE: _____ POSTAL CODE: _____

HOME TELEPHONE #: _____

WORK TELEPHONE #: _____

FAX #: _____

OCCUPATION: _____

BUSINESS ADDRESS: _____

WHY DO YOU WISH TO BECOME A MEMBER OF SERVICE COORDINATION?

The By-Laws of the Corporation defines the conditions of membership as "...those natural persons who:

- i) are interested in furthering the objects of the Corporation;
- ii) have been approved as Members by vote of a majority of the Directors;
- iii) are at least 18 years of age;
- iv) have the power at law to contract; and
- v) are neither an employee of the Corporation nor the spouse of an employee of the Corporation."

I declare that I satisfy the conditions of membership and wish to become a member.

Signature

Date

Please return completed application to the attention of the Executive Director at:

SERVICE COORDINATION DES SERVICES
150, Montreal Rd., Suite 200
Ottawa, ON K1L 8H2