



Family Supports Institute Ontario Membership Application Form

Name / Contact person: _____ Date: _____

Organization: _____

Mailing Address: _____
City: _____ Postal Code: _____

Daytime Telephone # : _____
Fax #: _____

Email address: _____

Permission to publicize name on membership list Yes No

FULL PAYMENT MUST ACCOMPANY MEMBERSHIP FORM

Please mail cheque payable to:
Family Supports Institute Ontario
489 College St., Unit 206
Toronto, ON M6G 1A5
Phone (416) 538-0628 ext.3
e-mail fsio@ymail.com

Membership Rates for 2010-2011

Agency	\$100	<input type="checkbox"/>
Individual Friends and Supporters	\$ 80	<input type="checkbox"/>
Full time Students	\$25	<input type="checkbox"/>

Please check all applicable boxes to indicate which family-centred services your organization is affiliated with:

- family support program OEYC MFRC CAPC –CPNP HB/HC Child care
- parenting & family literacy centre CHC CMHC child welfare Other _____