



MONTREAL COUNCIL
OF WOMEN
CONSEIL DES FEMMES
DE MONTRÉAL

FEDERATE MEMBERSHIP APPLICATION / RENEWAL

INFORMATION REQUIRED: FEDERATE PRESIDENT AND REPRESENTATIVES

Name of Federate:

Name of Federate's President:

Number of Members:

Email Address:

Referred by:

Address:

City:

Province:

Postal Code:

Telephone:

Cell:

Website:

REPRESENTATIVE TO COUNCIL:

Name:

Email:

Address:

City:

Province:

Postal Code:

Telephone:

Cell:

REPRESENTATIVE TO COUNCIL:

Name:

Email:

Address:

City:

Province:

Postal Code:

Telephone:

Cell:

FEDERATE'S MISSION & PRIORITIES

Would you or a member of your organisation be willing to serve on a committee? _____

ANNUAL FEES & PAYMENT

Please make your cheque payable to:
And return with the completed form to:
Annual fees: \$60.00

Montreal Council of Women
Vice President Membership, Montreal Council of Women
P.O. Box 72117, 151 Atwater Ave., Montreal, QC H3J 2Z6