

MEMBERSHIP APPLICATION FORM - 2020

Please check off the appropriate membership category:

- Individual Membership Annual Fee: \$25
 Organization Membership Annual Fee: \$100
 Business/Corporation Annual Fee: \$150

Membership status

- New Member
 Renewal

Name (Individual/Group/Organization): _____

Address: _____

Telephone: _____ Ext: _____ Cell Phone: _____

E-mail: _____ Referring MLC Member: _____

Only for Groups/ Organizations/ Businesses

CEO/ Executive Director: _____ Total # of board members: _____

Contact Person: _____ Position _____

Office Address: _____

Telephone: _____ E-mail: _____ Fax: _____

Website: _____ Referring MLC Member: _____

Reason for memberships: _____

- We support the MLC mission statement, which is to empower women through skill development, media engagement & networking. We build partnerships with grassroots groups/ clubs/ social networks to link one mom at a time
 We agree to the membership terms and conditions.

Please Print Full Name

Signature

Date

Checklist (For the use of Mom Links only):

_____ Fully completed Membership Application Paid Fee _____ Cheque _____ Cash _____
 _____ Business Donations: _____ \$1000 _____ \$2000 _____ \$3000 Fundraising Goals: _____

Authorized MLC representative:

Signature

Date

Please be advised that the membership year is January to December.