



1101 Grandeur Crescent, Oakville, ON, L6H 4B4
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MEMBERSHIP APPLICATION

Send application to the Project Office, Ana Paredes at avictoriap@hotmail.com or to above address.

Date: _____

Surname: _____ Given name (s): _____

Home address: _____ City: _____

Province: _____ Postal Code: _____

Phone number:() _____ Email address: _____

Business number: () _____

Membership fee \$ 25.00 cash _____ cheque _____

Cheque payable to: CCARE

To be mailed to: 1101 Grandeur Cr. Oakville. Ontario L6H 4B4

Why would you like to become a member of CCARE?

CCARE Committees (select your committee of interest):

- Health and Women's Issues Committee
- Environmental Committee
- Construction Committee
- Economic Development Committee
- Fund-Raising
- Mission Planning

Spanish Language Skills:

- None
- Basic
- Working knowledge
- Fluent

Please indicate your skills, expertise and/or experience that you bring to the organization:

	Administration	Construction/Trades
<input type="checkbox"/> Project development <input type="checkbox"/> Research <input type="checkbox"/> Social/community work <input type="checkbox"/> Women's issues <input type="checkbox"/> International work experience <input type="checkbox"/> Life skills coach <input type="checkbox"/> Team leader, facilitations	<input type="checkbox"/> General business <input type="checkbox"/> Marketing <input type="checkbox"/> Small business development <input type="checkbox"/> Accounting/finance <input type="checkbox"/> Web site development <input type="checkbox"/> Public relations <input type="checkbox"/> Computer <input type="checkbox"/> Management/coordinating <input type="checkbox"/> Proposal writing	<input type="checkbox"/> General <input type="checkbox"/> Woodworking <input type="checkbox"/> Carpentry <input type="checkbox"/> Plumbing <input type="checkbox"/> Masonry <input type="checkbox"/> Electrical
Health	Environment	Other
<input type="checkbox"/> Nursing <input type="checkbox"/> Dentistry <input type="checkbox"/> Pharmacy <input type="checkbox"/> Nutrition <input type="checkbox"/> Physician <input type="checkbox"/> Veterinarian <input type="checkbox"/> Optometry <input type="checkbox"/> Other: _____	<input type="checkbox"/> Environmental issues <input type="checkbox"/> Agriculture/gardening <input type="checkbox"/> Water <input type="checkbox"/> Forestry	<input type="checkbox"/> Sewing <input type="checkbox"/> Arts & crafts <input type="checkbox"/> Sports & fitness <input type="checkbox"/> Teaching <input type="checkbox"/> Youth work <input type="checkbox"/> Advocacy <input type="checkbox"/> _____ <input type="checkbox"/> _____

I agree that my pictures and film material taken of CCARE activities and events may be used on CCARE's internet site and other media for purposes of promotion, presentation and fund raising.

- Yes
- No

I agree to allow CCARE to share my home address, e-mail address and phone numbers with other CCARE members.

- Yes
- No

I agree to allow CCARE to post my name on CCARE's internet site;

- Yes
- No

I have received and read a copy of CCARE's membership brochure and privacy policy.

Applicant's Signature: _____ Date: _____

Administration:

Application received via: mail ___ email ___ fax ___ Date: _____

Cheque received in the amount of \$25.00: Yes ___ No ___ Date: _____

CCARE information package sent: mail ___ email ___ fax ___

Date membership approved by Board of Directors: _____

Note: For information on CCARE's Humanitarian Missions, please contact the Project Officer at avictoriap@hotmail.com or at (416) 588-2240 Ext. 233.