



Membership/Supporter Application Form

First Name (Please print)		Last Name (Please print)	
Street Number	Street Name		Suite/Unit Number
City		Province	Postal Code
Telephone Number	Mobile Number	E-mail	

MEMBERS:

- I am interested in and willing to promote Care Watch's objectives through active contribution to the work of the organization
- I am a resident of Ontario

My age range is:

- 18 to 59 years
- 60 years or more

Members are expected to contribute actively to the organization. I am interested in volunteering or assisting with one or more of the following CW activities:

- | | |
|---|--|
| <input type="checkbox"/> Research and analysis | <input type="checkbox"/> Public awareness/ Education/ Outreach |
| <input type="checkbox"/> Development of policies and position statements/papers | <input type="checkbox"/> Public presentations/Special events |
| <input type="checkbox"/> Communication (for example, preparing material for web posting, e-bulletins) | <input type="checkbox"/> Advocacy activities and campaigns |
| | <input type="checkbox"/> Strategy and planning |
| | <input type="checkbox"/> Other: _____ |

SUPPORTERS/CONTACTS:

- I support Care Watch's objectives and wish to receive information on CW's positions/policies.
 - Supporters are entitled to receive: Periodic newsletters; Notice of general information or educational sessions; and, Notice of position statements and other advocacy information published by Care Watch or allied organizations

Ontario requires that all organizations seek permission to send you information:

- Please notify me of meetings and send me updates and information related to CW activities
- I authorize CW to contact me by e-mail at the above address

Signature:	Date:
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Office Use Only:

Date Received:	Annual Fee Paid: \$0.00
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• Not-for-Profit. • Volunteer-Run. • Senior-Led.

Care Watch Ontario

140 Merton St, 2nd Floor, Toronto, Ontario M4S 1A1. (416) 590 - 0455 | carewatchontario.com