



PARTICIPATION FORM

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

Care Watch is an *advocacy* organization. We advocate for policies and programming that help ageing Ontarians live independently and safely at home and participate actively in their communities. We believe senior citizens should be involved in decisions about policies and practices that affect their lives and the lives of their communities.

My age range is:

18 to 59 years

60 years or more

I would like to receive information (bulletins, etc.) regarding Care Watch activities and advocacy.

All participants receive: periodic newsletters/e-bulletins, notices of general information or educational sessions, position statements and other advocacy information published by Care Watch or allied organizations, and notices of annual general meetings.

I am interested in being a member, and I understand that this means that I support and will promote Care Watch's advocacy objectives.

Members are expected to contribute actively to the organization by undertaking organizational tasks either individually or as work group members. Work includes: examining and analyzing issues, developing advocacy and communications materials for governments and the public, and making presentations. Members are eligible for nomination to the Board of Directors.

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

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.

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www.carewatchontario.com