

**General Membership Application Form
For
Equity Council of York Region**

Applying as an: Organization Individual

Contact Information:

Full Name of Organization/Individual:

Address:

Phone: _____ Fax: _____ Email: _____

Mailing Address (if different):

Phone (bus): _____ Fax: _____

If Organization:

Service Mandate:

Website Address:

Name of Representative: _____ Title: _____

If Individual:

Employer/Occupation: _____

*I have read and understood the mission, vision and values of the Equity Council of York Region.
I hereby accept them and agree to become a member of the Equity Council of York Region.*

Signature: _____ Date: _____

Please submit applications to:

Keerthy Narayanan, Community Organizer
Council of Agencies Serving South Asians (CASSA)
2401 Eglinton Ave East, Suite 212
Toronto, ON M1K 2N8

-OR-

keerthy@cassa.on.ca

Questions?

Please contact Keerthy at the Council of Agencies Serving South Asians with any inquiries at **keerthy@cassa.on.ca** or call **416 932 1359 x12**