



COUNCIL OF AGENCIES SERVING SOUTH ASIANS (CASSA)

1992 Yonge Street #205, Toronto M4S 1Z7

Tel. No: (416) 932 1359 Fax No: (416) 932 9305

Email: cassa@cassa.on.ca

ORGANIZATIONAL MEMBERSHIP APPLICATION 2009

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION:

SERVICE MANDATE:

PHONE: _____ FAX: _____ EMAIL: _____

WEBSITE ADDRESS: _____

NAME OF REPRESENTATIVE: _____ TITLE: _____

MAILING ADDRESS: (If different)

PHONE (BUS): _____ FAX: _____

We would like to apply for:

- New Membership - \$20 Membership Renewal - \$20

If applying for waiver of fees, please state reasons:

I, on behalf of my organization, have read and understood the mission, vision and values of CASSA and hereby accept them and agree to become a member of the CASSA.

Signed by: _____ Date: _____

Name and Position: _____

Method of payment: Membership fees can be paid by cheque or money order to the **Council of Agencies Serving South Asians**. Please send your membership form and payment to the Council of Agencies Serving South Asians, 1992 Yonge Street, Suite 205 Toronto, ON M4S 1Z7