



# For We Care Outreach Network Society

## Membership Application

PO Box 44091 RPO Southcentre, Calgary AB T2J 7C5; Tel: (403) 257-9499  
Administrative Contact Person: Wolfgang Rochow, CGA; Tel: (403) 252-3282; email: wolfgang@gestalt.com

Having\* financially supported the For We Care Outreach Network Society during the current calendar year, I hereby apply for membership.

First Name:		Last Name:		Name of Spouse:	
Legal Name, iif an Organization:					
Street Address:					
City:			Prov./ State		Postal/Zip Code:
Area:	Telephone:	Fax:		email:	

If this Membership Application is from a corporation or organization, the First/Last Name fields identify the person authorized to vote at Membership meetings on behalf of the Member.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Signature (to confirm my Membership decision)

\* I hereby enclose my cheque in the amount of \$\_\_\_\_\_ as my first donation to kick of my membership.