

# Membership Form

## Camphill Foundation Canada

I hereby apply for voting membership in Camphill Foundation Canada Inc.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Membership Category:

Board Member ( ) Parent ( ) Sibling ( ) Co-Worker ( ) Other: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Fee: No Fee

**Membership year will commence on the date of the AGM and will last one year**

**Please return your form to the following address:**

Kathy Downes, Camphill Foundation Canada

304-4 Checkley Street, Barrie, Ontario L4N 1W1

kdownes@camphillfoundation.ca



CAMPBILL  
FOUNDATION  
CANADA