Our Place
Family Resource and Early Years Centre

Ontario

154 Gatewood Road; Kitchener, Ontario N2M 4E4
Telephone 519-571-1626 Fax 519-571-0621
Website: www.ourplacekw.ca Email: ourplace@ourplacekw.ca

Membership Form - Optional

As a member, you will receive:

- Eligibility to participate on the Board of Directors
- Voting privileges at the Annual General Meeting and all other Member Meetings
- A **charitable donation tax receipt** (in accordance with Revenue Canada guidelines)

Cost of Membership: $25.00/year. Please make cheque payable to Our Place
Membership Year: One year from date of payment

Name: _____

Address: _____ City_____ Postal Code:_____

Telephone: _____Email: _____

Signature: _____ Date: _____

Our Place Family Resource and Early Years Centre is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws.

We collect and use personal data in order to better meet your service needs, to ensure a safe environment while members are visiting our centres, for statistical purposes, to inform you about Our Place Family Resource and Early Years Centre's program or service in which you are registered, to complete payment transactions and to satisfy regulatory obligations. You may also hear from us periodically about other Early Years programs, services and opportunities that may interest and benefit you.

For more information on Our Place Family Resource and Early Years Centre's commitment to privacy, please visit our web site at www.ourplacekw.ca

**If paying by PayPal, please specify 'membership' in the text box marked 'purpose'. **

STAFF USE ONLY:
Payment Received by: _____
(staff name)
Paypal /Cash/Cheque Cheque #_____
(circle one)
Membership Year From_____to_____

Date received: _____

☐ Tax Receipt Issued #_____