



African Community Services of Peel
20 Nelson St. West, Suite 302,
Brampton, ON. L6X 2M5
Telephone: (905) 460-9514
Fax: (905) 460-9769
E-mail: info@africancommunityservices.com

MEMBERSHIP APPLICATION FORM

I wish to apply for membership to the African Community Services of Peel.

Name: _____

Organization (Optional): _____

Mailing Address: _____

City: _____ **Postal Code:** _____

Tel. (Home): _____ **Tel. (Business):** _____

E-mail: _____

Fax: _____

I wish to become a volunteer as well Yes No

Enclosed is my membership fee of \$10.00 (\$15.00 for organizations) for the year.

Signature: _____

Date: _____

Cheques should be payable to:

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Charitable registration 890216344RR0001

Receipts available upon request.