



2017 - 2018
Surrounded by Cedar Child and Family
Services

PLEASE PRINT CLEARLY

Name: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Ancestry/Community/Organization: _____

Preferred method of contact

Email:

Mail:

Please note (per our constitution and by laws) memberships expire the day before the SCCFS AGM. This means a new membership card will be required to entitle you to vote at the meeting.

OFFICE USE ONLY

MEMBERSHIP FEE RECEIVED:

SIGNED BY: _____ **DATED:** _____