



2024 - 2025
Surrounded by Cedar Child & Family Services
\$1.00 Membership Application

PLEASE PRINT CLEARLY

Name: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Community Organization or Affiliation _____

Preferred method of contact

Email:

Mail:

Memberships expire the day before the SCCFS AGM. A new membership card will be required to entitle you to vote at the meeting.

OFFICE USE ONLY

\$1.00 MEMBERSHIP FEE RECEIVED:

SIGNED BY: _____

DATED: _____