



2025-2026
Surrounded by Cedar Child & Family Services
\$1.00 Membership Application

PLEASE PRINT CLEARLY

Name:

Date:

Address:

City:

Postal
Code:

Community Organization or Affiliation:

Preferred Method of Contact:

Email:

Mail:

Memberships expire the day before the SCCFS Annual General Meeting. 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: