

## VOTING MEMBERSHIP APPLICATION

- Voting membership is valid from April 1 – March 31 and entitles the cardholder to a vote at the Annual General Meeting or other general meetings of the membership.
- Voting memberships must be obtained at least **15 days prior to the meeting date in order to vote.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

I/We would like to support the philosophy and activities of York Region Rose of Sharon Services for Young Mothers by becoming a voting member. **Please check one:**

☐ I am already a member. I/We have made a donation to Rose of Sharon **within the last 12 months.**

☐ Enclosed is my/our donation of \$ \_\_\_\_\_

☐ Enclosed is my/our membership fee of \$10.00.

☐ I am an active volunteer.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Please return to:

**Rose of Sharon Services for Young Mothers**  
361 Eagle St., Newmarket ON L3Y 1K5

FOR OFFICE USE

☐ Donation Made on: \_\_\_\_\_ or

☐ Volunteer at Rose of Sharon (Donation waived)

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
(agency staff)