

Membership Application Form



We appreciate your interest!

If your application is accepted, are you willing to commit to at least a one year term serving with the Coalition? Yes No

Please provide us with the following information:

First name:	Last name:
Address:	
City/Town:	Postal Code:
Home Phone:	Work Phone:
Email Address:	
Country of Origin:	Gender:
Languages Spoken:	

Please circle your preference for where and when we can contact you:

Best time to be contacted by phone: AM PM Evening Does not matter

Would you prefer to be called: At home/cel At work Does not matter

Are you a: Student In the Workforce Out of the workforce Retiree

Employer: _____

What is your volunteer experience in this community?

Please list any affiliations or groups you are currently active in:

Please share with us why you would like to join the Windsor/Essex Community Benefits Coalition?

Please submit your application by email to info@windsorsexcb.ca,

Mail or drop it off at 300 Giles Blvd., Unit A1 Windsor, ON N9A 4C4

www.windsorsexca.ca

Membership Application Form

