

**MONTREAL COUNCIL OF WOMEN / LE CONSEIL DES FEMMES DE MONTREAL
 FEDERATE MEMBERSHIP
 APPLICATION / RENEWAL 2018-2019**



INFORMATION REQUIRED: FEDERATE PRESIDENT AND REPRESENTATIVES

Name of Federate:

Name of Federate's President:

Number of Members:

Email Address:

Address:

City:

Province:

Postal Code:

Telephone:

Cell:

Website:

REPRESENTATIVE TO COUNCIL:

Name:

Email:

Address:

City:

Province:

Postal Code:

Telephone:

Cell:

REPRESENTATIVE TO COUNCIL:

Name:

Email:

Address:

City:

Province:

Postal Code:

Telephone:

Cell:

FEDERATE'S MISSION & PRIORITIES

Would you or a member of your organisation be willing to serve on a committee? _____

ANNUAL FEES & PAYMENT

Please make your cheque payable to:
 And return with the completed form to:
 Annual fees: \$50.00

Montreal Council of Women
 Vice President Membership, Montreal Council of Women
 P.O. Box 72117, 151 Atwater Ave., Montreal, QC H3J 2Z6