

**MONTREAL COUNCIL OF WOMEN / LE CONSEIL DES FEMMES DE MONTREAL  
FEDERATE MEMBERSHIP  
APPLICATION / RENEWAL 2019-2020**



**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