



## Family Supports Institute Ontario Membership Application Form

Name / Contact person:

Organization

Mailing Address

City Postal Code

Daytime Telephone #  
(Fax)

Email address

Permission to publicize name on membership list Yes  No

### FULL PAYMENT MUST ACCOMPANY MEMBERSHIP FORM

Please mail cheque payable to: Family Supports Institute Ontario

489 College St., Unit 206  
Toronto, ON M6G 1A5  
Phone (416) 538-0628 ext.3  
Email program.manager@fsio.ca

### Membership Rates for 2017/2018

Agency	\$100	<input type="radio"/>
Individual Friends and Supporters	\$ 80	<input type="radio"/>
Full time Students	\$25	<input type="radio"/>

Please "Circle" all applicable to indicate which family-centred services your organization is affiliated with:

Family Support Program    OEYC    MFRC    CAPC – CPNP    HB/HC    Child care  
Parenting & Family Literacy Centre    CHC    CMHC    Child Welfare    Other: \_\_\_\_\_