

Toronto Shelter Network

Application for Membership

Agency Name		
Address		
City	Postal Code	
Telephone	Fax	website
General E-mail		
<p>If your application is approved, the persons to be designated as your agency's delegate and alternate to the Toronto Shelter Network are:</p> <p>Name of Delegate: _____</p> <p>Name of Alternate: _____</p>		
Name of Executive Director		e-mail
Name of Delegate	Position	e-mail
<p>On behalf of the Board of Directors of (agency name), _____</p> <p>I wish to apply for agency membership in the Toronto Shelter Network.</p>		
Name	Signature	
Position	Date	

PLEASE ENCLOSE THE FOLLOWING WITH YOUR APPLICATION:

- A copy of your agency's most recent Annual Report
- A cheque for the applicable membership fee (see schedule below)

Membership Fee Schedule

Please indicate the number of shelters operated by your agency to determine your membership fee

1 – 2 shelters	\$500	()
3 – 4 shelters	\$1000	()
5 + shelters	\$1,500	()

Associate Member Fee	\$200	()
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Agency Information:

Indicate which of the following groups are served by your shelter:

() Men	() Aboriginal
() Women Only	() Refugees
() LGBTQ	() Youth Only
() Other (specify): _____	