



Council of Agencies Serving South Asians (CASSA)

2401 Eglinton Ave. East, Suite 212, Toronto, ON, M1K 2N8

Phone: 416-932-1359, Fax: 416-932-9305

E-mail: cassa@cassa.on.ca Website: www.cassa.on.ca

INDIVIDUAL MEMBERSHIP APPLICATION 2014-2016

FULL NAME: _____

ADDRESS: _____

OCCUPATION: _____

PHONE: _____ FAX: _____ EMAIL: _____

MAILING ADDRESS: (If different)

PHONE (BUS): _____ FAX: _____

We would like to apply for:

New Membership - \$10

Membership Renewal - \$10

If applying for waiver of fees, please state reasons:

I have read and understood the mission, vision and values of CASSA and hereby accept them and agree to become a member of the CASSA.

Signature: _____

Date: _____

Method of payment: Membership fees can be paid by cash/cheque/or money order to the Council of Agencies Serving South Asians. Please send your membership form and payment to the Council of Agencies Serving South Asians. 2401 Eglinton Ave. East, Suite 212, Toronto, ON M1K 2N8

Note:

1. Your membership and solidarity will help CASSA promote its social and economic justice work.
2. You will be invited to CASSA's Annual General Meeting and Dinner.
3. You will be invited to CASSA's relevant meetings, seminars and events.
4. CASSA will recognize your involvement through its Website and Newsletter.

For Office Use Only:

Membership fees received in Cash/ Cheque / Money Order (use Tick Mark)

Received by: _____

Date: _____