



Council of Agencies Serving South Asians (CASSA)

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

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

ORGANIZATIONAL MEMBERSHIP APPLICATION 2014 - 2016

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

SERVICE MANDATE: _____

PHONE: _____ FAX: _____ EMAIL: _____

WEBSITE ADDRESS: _____

NAME OF REPRESENTATIVE: _____ TITLE: _____

MAILING ADDRESS (If different): _____

PHONE (BUS): _____ FAX: _____

We would like to apply for:

New Membership - \$20 Membership Renewal - \$20 Three years Membership - \$60

If applying for waiver of fees, please state reasons:

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

Signed by: _____ Date: _____

Name and Position: _____

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. CASSA will promote your events, programs and seminars through its Website and Newsletter.
4. You will be invited to CASSA's relevant meetings, seminars and events.
5. CASSA will recognize your involvement through its Website and Newsletter.

For CASSA Office Use Only:

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

Received by: _____

Date: _____