

# Associate Membership



## Application Form

(Please Print Clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

Fax Number:(    ) \_\_\_\_\_ Email: \_\_\_\_\_

---

**Please return this form, with payment to:**  
***The Federated Women's Institutes of Ontario***  
7382 Wellington Road 30, RR 5, Guelph ON N1H 6J2

***As an Associate member you:***

- a) will receive a subscription to the *Home & Country* newsletter
- b) may attend District, Area and Provincial Annuals and National Conferences
- c) have voting rights on completion of application and payment of fees
- d) have the right to hold office
- e) will have membership in FWIO, FWIC and ACWW.

| <b>Pro-rated fees:</b>                               | <b>Amount</b> |
|------------------------------------------------------|---------------|
| April 1 <sup>st</sup> to July 31 <sup>st</sup>       | \$40.00       |
| August 1 <sup>st</sup> to October 31 <sup>st</sup>   | \$30.00       |
| November 1 <sup>st</sup> to January 31 <sup>st</sup> | \$20.00       |
| February 1 <sup>st</sup> to March 31 <sup>st</sup>   | \$10.00       |

---

*Thank you for supporting the Federated Women's Institutes of Ontario.  
We appreciate your interest and support.*