

**TORONTO INTERGENERATIONAL
PARTNERSHIPS**

Charitable Registration No. 13501 6400 RR0001



"Bringing Generations and Communities Together" Since 1983

PLEASE PRINT

MEMBERSHIP APPLICATION

Mr. ___ Mrs. ___ Miss ___ Ms. ___

NAME: _____
Last name First name

ADDRESS: _____
Apt. No. Number and Street Name

City Province Postal Code

PHONE: () _____ FAX: () _____

Business Phone: () _____ Cell Phone () _____

Email address: _____

Please **SIGN BELOW** and mail or fax this form to:

The Membership Department
Toronto Intergenerational Partnerships
800 Greenwood Avenue, Room A36
Toronto, ON M4J 4B7
Telephone (416) 531-8447 Fax (416) 531-7337

Signature: _____ Date: _____

Please check any of the following that apply:

- I am an active volunteer with TIGP.
- I would like to become a volunteer. Please contact me about volunteering opportunities!
- I would like to make a donation to TIGP. Enclosed please find a donation in the amount of \$ _____.
- I would like to make a donation to TIGP by credit card and I will call the TIGP office.

TIGP OFFICE USE ONLY: Board Approval: Yes No Date _____