



MONTREAL COUNCIL  
OF WOMEN  
CONSEIL DES FEMMES  
DE MONTRÉAL

## FEDERATE MEMBERSHIP APPLICATION / RENEWAL

### INFORMATION REQUIRED: FEDERATE PRESIDENT AND REPRESENTATIVES

Name of Federate:

Name of Federate's President:

Number of Members:

Email Address:

Referred by:

Address:

City:

Province:

Postal Code:

Telephone:

Cell:

Website:

### REPRESENTATIVE TO COUNCIL:

Name:

Email:

Address:

City:

Province:

Postal Code:

Telephone:

Cell:

### REPRESENTATIVE TO COUNCIL:

Name:

Email:

Address:

City:

Province:

Postal Code:

Telephone:

Cell:

### FEDERATE'S MISSION & PRIORITIES

Would you or a member of your organisation be willing to serve on a committee? \_\_\_\_\_

### ANNUAL FEES & PAYMENT

Please make your cheque payable to:  
And return with the completed form to:  
**Federate Annual fee: \$60.00**

**Montreal Council of Women**  
Vice President Membership, Montreal Council of Women  
P.O. Box 77706, BP St-Mathieu, Montreal, Quebec H3H 0A4