



 info@moyohcs.ca  
 905-361-0523  
 7700 Hurontario St #601,  
 Brampton, ON L6Y 4M3  
[www.moyohcs.ca](http://www.moyohcs.ca)

**Membership Application/Renewal**  
**YES, I want to be a member of Moyo**

Please select one	
<input type="checkbox"/> First time Member	<input type="checkbox"/> Returning Member

In order to be registered as a legal member of the organization, you must provide your legal name, your address, and your phone number. To receive regular correspondence, please provide email.

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

This information may be made available to other members upon request, as per the Ontario Not for Profit Corporations Act, in order to call a meeting of members, to campaign for resolutions, or other matters related to the organization’s business.

I, \_\_\_\_\_, hereby agree to support the mission of the organization and act in good faith as a steward of Moyo Health & Community Services.

Membership Fee	
<input type="checkbox"/> Paying \$10 annual fee	<input type="checkbox"/> Requesting fee be waived

**Send your completed form and membership fee by cheque or cash to:**

Moyo Health & Community Services  
 7700 Hurontario St., Unit 601, Brampton, Ontario L6Y 4M3

You can also send your form by Fax: 905-595-1443 or Email: [mbilek@live.ca](mailto:mbilek@live.ca) and pay your membership fee online through our donation portal [here](#). (Please type **Membership Fee** in the message box).

*You can also reach the donation page by going to [moyohcs.ca](http://moyohcs.ca) and clicking the DONATE button at the top left hand side of the home page.*

You must select this option in order to receive regular communication from Moyo	
<input type="checkbox"/>	I consent to receiving the Moyo e-newsletter and other Moyo-related correspondence
<input type="checkbox"/>	Please contact me about making a donation or bequest to Moyo.