



Associate Membership Registration Form



The C.Y.O. is a registered not-for-profit agency. All of the programs and services we offer children are funded through corporate and personal donations, foundations, grants, service contracts, event fees and our Associate Membership program.

As a not-for-profit organization, Revenue Canada and our Corporation's bi-laws state that members of our community serve as Associate Members.

A minimum annual fee of \$50.00 is required by each Member. All funds go directly to support the programs and services offered by the Catholic Youth Organization for the children we serve.

What are the Benefits of becoming an Associate Member:

In addition to your Associate Membership Fee being **100%** tax deductible, Associate Members also receive:

- Associate Members are entitled to vote on the direction and activities of the C.Y.O. during each Annual General Meeting, provided they are members at the time of the meeting.
- Your Membership ensures the C.Y.O. continues its mission to serve the 40,000 plus children and their families that access our programs and services each year.
- Your Membership will maintain the C.Y.O.'s charitable donation status as a non-profit agency with Revenue Canada.
- You will receive annual updates on important C.Y.O. programs and operational initiatives.
- You and a guest are invited to the C.Y.O.'s Annual General Meeting and Appreciation Dinner - at no cost!
- Associate Members are given the opportunity to nominate individuals to receive the Jim Hughes Lifetime Member Award for their contribution to the C.Y.O.

Yes, I would like to become an Associate Member of the C.Y.O.

Your Contact Information:

First Name: _____ Last Name: _____
 Address: _____ City: _____ Postal Code: _____
 Phone: _____ E-mail Address: _____

Membership Payment Options:

The minimum amount we are asking to become an Associate Member of the C.Y.O. is **\$50.00**. However, we have included the option of giving more should you wish to increase your support.

\$50.00 Other Amount: \$ _____

Please invoice me at the address provided.

Enclosed is my cheque payable to: C.Y.O. Associate Membership, 5999 Chippewa Road, Mount Hope, ON L0R 1W0

Please charge my Members to: Visa MasterCard

Credit Card #: _____ / _____ / _____ / _____ Expiry Date: _____ / _____

Once we receive your registration form and payment you will receive a confirmation package with your tax receipt.

Children are at the heart of our mission.

