

## AFRICAN CANADIAN FEDERATION OF LONDON AND AREA

Please send completed form to: ACFOLA OFFICE, PATHWAYS SKILL DEVELOPMENT BUILDING, 2<sup>nd</sup> FLOOR 239 CLARENCE STREET (AT HORTON), LONDON, ON N6B 2J9

Tel: 519.439.9090. Email: info@acfola.ca. Website: www.acfola.ca

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## **Application for Corporate Membership**

	Date	e:/	_/		
Organization Informat	ion				
Name of Organization:					
Registration Number:		Estimated Number of Members:			
Address:					
Street Address:					
City:	Pr	ovince:	Postal Code:		
Telephone Number:		E-Ma	il		
Officers' Information					
Main Contact Person:	(First Name)				
Position / Office:			(Last Name)		
Telephone Number:		E-Ma	il		
Other officers/Board N	/lembers:				
	Please list	the name(s) of other	officers or members of Board of your organization if available.		
Payment Information					
Type of Payment:	Cash $\square$	Cheque $\square$	Online (credit card or PayPal)		

The 2014 Membership Fee is Corporate / Association Membership is \$100. Please mail cheque to the address above.