

When you join Cecil Community Centre, you become a part of a vibrant, rewarding, and supportive community. Membership offers access to Cecil Community Centre and its range of programs, services, space and community activities.

**Member(s)** Must be 18 years or older.

Member (Adult)

First name	Last name

Member (Adult)

First name	Last name

**Address**

Home

Business

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

Apt/Unit #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

City: \_\_\_\_\_

Email Address: \_\_\_\_\_

*As a valued Member, Cecil Community Centre requests your consent to allow us to send you important information and announcements from our organization. Your consent is required to comply with the Canadian Anti-Spam Legislation (CASL). You may unsubscribe at any time by contacting [info@cecilcentre.ca](mailto:info@cecilcentre.ca).*

**I consent** to receiving information from Cecil Community Centre

**How did you hear about Cecil Community Centre?**

Flyer  Web site  Friend/Family  Social Media  Walk-in  Other  \_\_\_\_\_

**Fees:** If you live in the Cecil Community Centre catchment area (between Bloor Street West, Queen Street West, Bathurst Street, and University Avenue) you may become a **Community Member** at a reduced rate. If you live outside our catchment area, you may join as an **Associate Member**.

**Community Member**

Adult \$6.00

Senior \$4.00

Family \$15.00

Renewal

New

**Associate Member**

Adult \$10.00

Senior \$6.00

Family \$20.00

Renewal

New

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The personal information on this form is collected under the authority of the City of Toronto Act, and Article XI of Chapter 169 of the Toronto Municipal Code. The information is used for the purpose of program registration, payment, mailings (including newsletters/surveys), and aggregate statistical reporting. Questions about this collection may be directed to:*

Executive Director, Cecil Community Centre, 58 Cecil Street, Toronto M5T 1N6.

*Cecil Community Centre does not sell or give membership information to any other organization.*

**Membership Information and Verification (for office use only)**

Membership Number:	Expiry Date:
Volunteer/Program	Catchment verified <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>

Fee collected

Receipt Issued

Card issued

Data entered