



**planned  
parenthood**  
toronto

## **Membership Information**

As a member of Planned Parenthood Toronto (PPT), you are helping to support a voice for reproductive choice and sexual health in Toronto. Your membership supports the work started over 50 years ago to ensure the people of the city of Toronto are empowered to make informed decisions about their sexual health

### **Eligibility**

Membership is open to individuals who reside permanently or work in the city of Toronto and who are eighteen (18) years of age or over.

Every application for membership is authorized and approved by the Board and is only valid when accompanied by the appropriate membership fee

### **Fees**

Annual membership fees are set by the Board of Directors, and may be waived in special circumstances. Notification or any increase in fees shall be mailed to each Member at least sixty (60) days prior to the next annual meeting. If dues are not paid within sixty (60) days of the notice, membership status will be revoked by may be reinstated once dues have been paid.

### **Rights of Members**

As outlined in PPT's by-laws, individual Members have the right to the following:

- a. The right to attend all duly constituted meetings of the membership
- b. The right to participate in the discussion on matters properly before the membership
- c. The right to vote on matters before the membership
- d. The right to stand for election to the Board of Directors
- e. The right to vote in elections to the Board of Directors

### **Membership Renewal**

Memberships are renewable on an annual basis and expire one (1) year from the date the person or organization becomes a member.

# Planned Parenthood Toronto Membership Application

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

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

New Membership:  [ ]      Renewal:  [ ]

- [ ] \$20 Organizations
- [ ] \$10 General Membership
- [ ] \$5 Student/Client

- [ ] Cheque (payable to Planned Parenthood Toronto)
- [ ] Visa       [ ] Master Card       [ ] Amex

Credit Card No. \_\_\_\_\_

Expiry Date \_\_\_\_\_ CVV2 \_\_\_\_\_

Card Holders' Name \_\_\_\_\_

Signature \_\_\_\_\_

## Mission Statement

We are a pro-choice community health centre that advances and advocates for the sexual health, health & wellbeing of youth.

I support the mission and philosophy of Planned Parenthood Toronto.

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