

Membership Application

(Individual)

For April 1, 2024 - March 31, 2025 Application Due Date: March 1, 2024

Members are individuals and organizations who support the mission and values of United Way Greater Toronto (UWGT). Members approve the fundamental governance structure of UWGT, and are invited to attend the Annual General Meeting to vote on the appointment of Trustees and auditors and other special business, receive the annual audited financial statements, and hear reports on our work in the community.

By becoming a Member, you are showing your local love and help us build and strengthen a crucial community safety net to support people living in poverty.

Please complete all 3 sections and return completed applications by email to:

corporatesecretary@uwgt.org

Your personal information will be used for the purposes of administering your involvement with us, and to keep you informed about the work, membership issues, and events relevant to Members of UWGT. You can read our full privacy policy here: unitedwaygt.org/privacy-policy.

* Indicates mandatory fields

1. Your Contact Information

Name*:					
Last Name		First Name		Initial	Honorific
Address*:					
Number	Street		City		Postal Code
Phone Number:					
Email address*:					
(Your home email addre	ss helps us not only	keep our administrative	costs low but a	also keeps y	ou up-to-date

on anything related to your membership.)

Please complete sections 2 & 3 on the second page.

2. Membership Qualification

Please complete all of the qualifying sections below that apply (*a minimum of one qualifier A, B, or C is required):

A) DONATION SUPPORT

Please choose all the options that are applicable to help us confirm your qualifications for membership.

 \Box I have made a donation of at least \$25 in 2023 to the work of UWGT.

□ I have made my donation through my workplace (name of work place):

B) VOLUNTEER SUPPORT

□ I have made voluntary or non-financial contributions in 2023 that helped UWGT's work in the community. (Please provide some details of your contributions here):

C) LOCATION

l live in :				
Peel Region	Toronto	York Region		
Please provide your ho	me address in the (Contact Section, or here:		
Number Street			City	Postal Code
I work in :	Toronto	York Region		
Please provide your wo	orkplace details:			
Employer:				
Employment Address:				
	Number	Street	City	Postal Code
Job Title:				

3. Declaration

I declare that the information provided on this application is true and that I am over the age of 18. I support the mission and values of United Way Greater Toronto and wish to apply for membership.

Signature*:_

Date*		
Date	·	_