



Membership Application/Renewal Form

Member/Partner/Friend Information

First Name: _____ Last Name: _____

Organization: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Email: _____ Website: _____

Who are you? (Please check one):

Equality-seeking women's organization = Member Related organization = Partner Individual = Friend

*If you are a current Member/Partner/Friend please proceed to the Membership Category Section.

Please send us/me all correspondence in: English French Both

Organization's primary language: English French Both Other: _____

Please briefly describe your organization's mandate and activities (if applicable):

Why are you applying to be a Member/Partner/Friend?

What do you hope to gain from your involvement with FAFIA?

Membership Categories / Fees

Institutional membership (by annual budget)	One-year Membership	Two-year Membership
Less than \$50,000	\$25	\$40
\$50,000 to 200,000	\$50	\$85
\$200,000 to \$500,000	\$150	\$275
Greater than \$500,000	\$250	\$450

Individual Membership	One-year Membership	Two-year Membership
Students and Low-Income	\$10	\$15
Regular Membership	\$25	\$45
FAFIA Supporter	\$60	\$110
FAFIA Champion	\$150	\$250

*For committed organizations or individuals who are unable to pay the membership fee at this time, FAFIA will waive or reduce the fee. Please check here if you would like to request a waiver or reduction.

One-year

Two-year

Membership fee: \$ _____ I have enclosed the membership fee for a one year two year membership

*You may also apply and pay online (www.fafia-afai.org).

