



# Federated Women's Institutes of Ontario

## BRANCH LIFE MEMBERSHIP APPLICATION FORM

Please mail completed form and payment to:

FWIO Provincial Office

552 Ridge Road, Stoney Creek, ON L8J 2Y6

\$50.00 for Certificate and Badge OR \$35.00 for the Certificate only

**\*PLEASE ALLOW 2-3 WEEKS (AFTER RECEIPT OF COMPLETED APPLICATION FORM) FOR DELIVERY.**

Revised: March 2019

Branch Life Membership may be granted to an active Member in good standing who has completed 25 years of membership in FWIO, including Junior Women's Institute.

BRANCH:

DISTRICT:

AREA:

The Branch listed above requests that Life Membership be granted to:

Name:

Address:

City:

Prov:

Postal Code:

Phone:

Email:

Please complete the following:

1) The person listed above is a Member in good standing in this Institute. \_\_\_\_\_ (please check if YES)

2) She has been a Women's Institute Member in Ontario for \_\_\_\_\_ years.

3) She has completed at least 25 years\* immediately prior to the time of the Life Membership conferred.  
\_\_\_\_\_ (please check if YES) *\*Does not have to be consecutive years.*

4) She has been a Member in good standing of this Branch for \_\_\_\_\_ years.

**Please complete the following, ONLY IF APPLICABLE:**

5) She was a Member in good standing of the \_\_\_\_\_ Women's Institute for \_\_\_\_\_ years, prior to (4).

6) She was a Member in good standing of the \_\_\_\_\_ Women's Institute for \_\_\_\_\_ years, prior to (5).

*\*If the number of years of membership has been in more than one Branch, please attach to the application a Credential from each Branch concerned (signed by the Branch President and Secretary) certifying that the number of years the above named person was a Member of those Branches.*

**The undersigned confirm that the information provided in this application is correct:**

\_\_\_\_\_  
Branch President (Please Print)

\_\_\_\_\_  
Branch Secretary (Please Print)

\_\_\_\_\_  
Branch President Signature

\_\_\_\_\_  
Branch Secretary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Branch Secretary's Contact Information (for mailing purposes)**

Name:

Address:

City:

Prov:

Postal Code:

Phone:

Email:

**FOR OFFICE USE ONLY**

Date Sent:

Certificate #:

**THIS FORM MAY BE PHOTOCOPIED.**

*Federated Women's Institutes of Ontario*

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