EEKAI
A Place to Unite and Share

EEKAI FOUNDATION

Telephone: 416-613-9112

Email: info@eekai.org

Membership Application

Membership No: Renewal Only

Please Print All Information

Title | First Name | Last Name

Residential Address | Apt. No

City | Prov. | Postal Code

Telephone # | Mobile #

Business # | ext | Fax #

Email

Membership Type

- ☐ Life Voting Member Min $1000
- ☐ Voting Member $100/Year
- ☐ Student Member $25/Year
- ☐ Non Voting Member - No Fee
- ☐ Sponsor donor $5000 & above

Would you like to volunteer with EEKAI? ☐ Yes ☐ No

☐ I have attached the prescribed membership fee of $_____ for _____ membership.

Recommended by: _____

I certify that above information is correct and I subscribe to the objectives of the Eekai Foundation.

Signature | Date

Please notify your change of address.

FOR OFFICIAL USE ONLY

EEKAI Receiving Officer:

Signature | Date

EEKAI Membership Officer:

Signature | Date

Comments: _____

White: EEKAI's Copy Yellow: Member's Copy