



HELLENIC HOPE CENTER

FOR PERSONS WITH SPECIAL NEEDS INC.

3615 Danforth Avenue, Scarborough, Ontario M1N 2G1

Phone: 416-850-HOPE (4673) Fax: 416-699-9848

www.hellenichope.com

ANNUAL MEMBERSHIP FORM

I would like to renew my membership/become a member of the Hellenic Hope Center for Persons with Special Needs Inc.*

RENEWAL _____

NEW MEMBERSHIP _____

LAST NAME:

FIRST NAME:

ADDRESS:

APT. #

CITY:

POSTAL CODE:

TELEPHONE:

E-MAIL:

Name of Family Member with Special Needs:

I am interested in joining the following committees:

Fundraising

Volunteer

Special Events

Parent Group

Signature

Date

*Membership fee is \$25.00 per person. Membership is for one calendar year only (January to December).

*Kindly make cheque payable to Hellenic Hope Center. For your convenience fees can be paid online www.hellenichope.com

*Membership fees are not tax deductible.

*All Memberships are subject to approval by the Board of Directors.

For office use only

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Hellenic Hope Center
Authorized Name,

.....
Title, Signature

.....
Date Application Received