



MASARYK MEMORIAL INSTITUTE INC.
450 SCARBOROUGH GOLF CLUB ROAD,
TORONTO ON M1G 1H1

MEMBERSHIP APPLICATION

Name _____

Address _____

Phone: Home _____ Bus. _____ Cell _____

E-mail address: _____

What is your age group: (circle one) 20 -30 30 - 40 40 - 50 50 - 60 over 60

I understand, that my application has to be recommended by two members of MMI and approved by the board of directors. When accepted, I agree to get acquainted with MMI by-laws and act according to them.

Date _____ Signature _____

NOTES

- Yearly membership fee of \$ 20.00 will be payable after the application has been approved by the Board of Directors.
- If a spouse is interested in applying for a membership, please fill in a separate application.
- In accordance to the by-laws of MMI newly approved members are not eligible for membership on the Board of Directors during the six months of their membership, however, they are welcome to participate in the activities of various committees in accordance with their interests.

RECOMMENDATION:

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____