PARLIAMENTARY SOCIETY OF TORONTO - CHAPTER 51 AIP

APPLICATION FOR MEMBERSHIP

Name:

Address:

City/Town:

Province:

Postal Code:

Telephone: Home: **Business:**

Email address:

I hereby certify that I am a member of the American Institute of Parliamentarians and attach a copy of my current membership card. I understand that at any time that I fail to hold membership in the American Institute my membership in the Parliamentary Society of Toronto will be terminated by the Society.

I agree that all notifications of meetings, distribution of minutes and other materials will be by email.

Signed _____

Dated:

Submit completed Membership Application to the Secretary of the Society