

**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**