



CRRC Membership Application Form – For Organizations

ORGANIZATION OPERATING NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

PRIMARY CONTACT NAME: _____

PRIMARY CONTACT PHONE: _____

PRIMARY CONTACT EMAIL: _____

I WOULD LIKE TO SUBSCRIBE TO THE CRRC ELECTRONIC MAILING LIST

ANNUAL MEMBERSHIP FEES

\$100

This organization would like to make a donation to CRRC in the amount of \$_____.

Total payable \$_____.

*Payable by cheque to Community Race Relations of Peterborough or etransfer to
[racere~~l~~ation@gmail.com](mailto:racerelation@gmail.com)*

The organization named above would like to be a member of the Community and Race Relations Committee (CRRC). It agrees to support the aims and objectives of the CRRC.

SIGNATURE: _____ DATE: _____