# ANTIRACIST MULTICULTURAL EDUCATION NETWORK OF ONTARIO
# MEMBERSHIP FORM

**Name:** _____

**Mailing Address:** _____

_____

**Postal Code:** _____

**Phone:** (  ) _____ **ext.** _____

**Fax:** (  ) _____

**Email:** _____

**Organization Name:** _____

**Student's School:** _____

*Annual Membership Fee (Due in January of each year) – please check one*

☐ Individual Membership $ 50

☐ Student Membership $ 10

☐ Institution Membership (up to 4 representatives) $ 150

If registering an Institution Membership, please fill out information below.

Representative 1. _____

Phone: _____ Fax: _____

Email: _____

Representative 2. _____

Phone: _____ Fax: _____

Email: _____

Representative 3. _____

Phone: _____ Fax: _____

Email: _____

Representative 4. _____

Phone: _____ Fax: _____

Email: _____

please fax this form to AMENO at 416-929-8246