



Planned Parenthood Toronto Membership Application

Name: _____

Home Phone: _____ Business Phone: _____

Fax: _____ E-Mail: _____

Address: _____ Postal Code: _____

New membership:

Renewal:

\$20 Organizations

\$10 General Membership

\$5 Student/Client (or sliding scale)

Cheque (Payable to: Planned Parenthood of Toronto)

VISA MasterCard

Credit Card No: _____ Expiry Date: _____

Cardholder's Name: _____ Signature: _____

Mission Statement

Planned Parenthood of Toronto is a community-based, pro-choice agency committed to the principles of equity and to providing accessible and inclusive services which promote healthy sexuality and informed decision making to the people of the City of Toronto.

I support the mission and philosophy of Planned Parenthood of Toronto.

Signature: _____ Date: _____