



NIAGARA
ANGEL NETWORK

NIAGARA ANGEL NETWORK

Membership Application

(All information will be held in the strictest confidence)

1 MEMBERSHIP

CORPORATE (1,000/YEAR)

2

MR. MS. MRS. DR.

FIRST NAME _____ M.I. _____ LAST NAME _____

COMPANY _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE: _____ FAX: _____ EMAIL: _____

POSITION OR TITLE _____ SELF EMPLOYED/RETIRED

3 CORPORATE MEMBERS

YES, I AM THE PRINCIPAL MEMBER THAN CAN ASSIGN 2 MORE REPRESENTATIVES

SIGNATURE _____ DATE _____

4 PLEASE MAIL YOUR CHEQUE AND COMPLETED APPLICATION FORM TO:

Terry Kadwell, Executive Director
NIAGARA ANGEL NETWORK
55 Clarence Street
Port Colborne, ON L3K 3G1