



Community Council of Overbrook

Membership Application 2009-2010

Name: _____

Home Address: _____ **Postal Code:** _____

Home Phone: _____ **Work Phone:** _____

Email: _____ **FAX:** _____

Number of Family Members(optional): _____ **Number of Years in the Community:** _____

Company Name(if business membership) _____

Company Address(if business membership) _____

Volunteering:

If you are interested in volunteering for the CCO, in which area would you like to help?

Business Liaison _____ **Communications** _____ **Environment** _____

Fundraising _____ **Heritage/Development** _____ **Membership** _____

Safety and Traffic _____ **Special Events** _____ **Other** _____

General Volunteer _____

*Please complete this form and mail it to us: Community Council of Overbrook, Membership
Overbrook Community Centre, 33 Quill Street,
Ottawa K1K 4E7*

*A membership card will be issued to you!
Thank You!*

Date Of Application: _____ **Paid By :** cash _____ cheque _____