



230 The Esplanade, Toronto, ON M5A 4J6

slna@slna.ca, www.slna.ca

Membership Application / Renewal Form January 1, 2010 – December 31, 2010

Data collected on this form will remain confidential to the SLNA Executive and will be used only for SLNA communications.

A. Member Profile:

Building/Organization Name: _____

MTCC/ STCC/THCC # (if applicable): _____ Number of Units (if applicable): _____

Building address: _____

Building website address: _____

Voting Members

- | | |
|--|--|
| <input type="radio"/> Association of Freehold Homeowners | <input type="radio"/> For-Profit Rental Building |
| <input type="radio"/> Condominium Corporation | <input type="radio"/> Private Non-Profit Rental Building |
| <input type="radio"/> Co-op | <input type="radio"/> Toronto Community Housing Corp. Building |

Non-voting Associate Members

- | | | |
|--------------------------------|---|---|
| <input type="radio"/> Business | <input type="radio"/> Non-Profit Organization | <input type="radio"/> Un-incorporated Community Group |
|--------------------------------|---|---|

ALL Members: Primary Contact Person for official SLNA communications:

Name: _____ Position (e.g. President) _____

Mailing Address: (if different from Building Address) _____

Billing Address: (if different from Building Address): _____

Telephone: _____ E-mail address: _____

OVER/

Delegate(s) Profile: (Voting Members Only)

Delegates are appointed or elected by your Board of Directors or membership based on the following schedule. Please indicate the number of residential units in your building on previous page and provide contact information for EACH of your entitled delegates.

1 – 50 units = 1 Delegate

51 – 100 units = 2 Delegates

101+ units = 3 Delegates

Delegate #1: (Check here if same as primary contact person above.)

Name: _____

Mailing Address: (if different from Building Address): _____

E-mail address for official SLNA Communications: _____

Telephone: _____

Delegate #2

Name: _____

Mailing Address: (if different from Building Address): _____

E-mail address for official SLNA Communications: _____

Telephone: _____

Delegate #3

Name: _____

Mailing Address: (if different from Building Address): _____

E-mail address for official SLNA Communications: _____

Telephone: _____

Signature of Primary Contact: _____

Date: _____