

baptistwomen.com

bwoq@baptist.ca

416-620-2954

CANADIAN BAPTIST WOMEN OF ONTARIO AND QUEBEC

**CIRCLE LIFE MEMBERSHIP APPLICATION FORM**

**You have *two choices* for membership and pin:**

* **Dominion Life Membership** and pin given by **Canadian Baptist Women** show that the wearer has contributed significantly to the work of Canadian Baptist Women across Canada.
* **Circle Life Membership** and pin given by **CBWOQ** show that its recipient and wearer is a valued participant and contributor in her own local mission circle.

This **Circle Life** application form is to be completed and forwarded to the Canadian Baptist Women of Ontario and Quebec office. Please write and make **cheque payable** to **Canadian Baptist Women of Ontario and Quebec**. If you prefer to pay with **credit card**, please call the office at 416-620-2954.

**RETURN COMPLETED FORM WITH PAYMENT TO:**

Canadian Baptist Women of Ontario and Quebec

5 International Blvd.

Etobicoke, ON M9W 6H3

416-620-2954

[*bwoq@baptist.ca*](mailto:secretary.cbw@gmail.com)

**Recipient of the CBWOQ Circle Life Membership (please print):**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presented by (please print):**

**Name of Group:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Church:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of City or Town:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presentation Date (if known):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Send Certificate and Pin to (please print):**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Province:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postal Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount enclosed for Pin(s) @ $5.50 each:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount enclosed for Membership (s) @35.00 each:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_