



Investing  
in People  
**MULTICULTURAL COUNCIL**  
OF WINDSOR AND ESSEX COUNTY

**mcc**  
membership



**THIS SECTION TO BE COMPLETED BY INDIVIDUAL MEMBER ONLY**

FIRST NAME	LAST NAME	E-MAIL	
ADDRESS	CITY	PROVINCE	POSTAL CODE
PHONE #	BUSINESS PHONE #	CELL PHONE #	

**THIS SECTION TO BE COMPLETED BY ORGANIZATION MEMBER ONLY**

NAME OF ORGANIZATION	DATE ESTABLISHED			
ADDRESS OF ORGANIZATION	CITY	PROV.	POSTAL CODE	ORGANIZATIONAL EMAIL

FUNCTIONS & OBJECTIVES OF YOUR ORGANIZATION

PRESIDENT FIRST & LAST NAME	PHONE #	E-MAIL
VICE-PRESIDENT FIRST & LAST NAME	PHONE #	E-MAIL
TREASURER FIRST & LAST NAME	PHONE #	E-MAIL
DOES YOUR ORGANIZATION HAVE A PERFORMING ARTS?	YES	NO
NAME OF GROUP	TYPE OF GROUP	
NAME OF CONTACT PERSON	PHONE #	E-MAIL

SIGNATURE OF APPLICANT

DATE:

All information provided on this form will be kept confidential and used for internal purposes only. We will not provide or disclose the data to third parties without your consent.

**FOR THE MCC USE ONLY**

NEW

RENEWAL

**PAID BY:**

CASH

CHEQUE

CREDIT CARD

DATE MEMBERSHIP APPLICATION RECEIVED

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DATE MEMBERSHIP APPLICATION APPROVED

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