

CONTACT INFORMATION

Full Name: _____

Street Address: _____ Suite: _____

City/Town: _____ Postal Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Individual Membership eligibility: For membership in this category individuals must be over 18-years of age, have interests which support the objects of SPORT4ONTARIO and be approved by the Board of Directors.

I, _____, hereby authorize the abovementioned organization is eligible for **Individual Member Status**.
Please print name

I would like to further support Ontario Sport Network by giving a one-time donation of: _____

Signature: _____ **Date:** _____

Please complete the following along with your application:

- A brief statement on your personal interest and/or experience in amateur sport in Ontario.

PAYMENT

Ontario Sport Network will accept payments by credit card, E-Transfer or cheque.

Paying by cheque - Please make payable to Ontario Sport Network and mail to 100-875 Morningside Avenue, Toronto ON M1C 0C7 with your completed application

Paying by credit card or ETF – Please email your completed application to info@ontariosportnetwork.ca and an invoice with further payment directions will be sent