



**Canadian Council of
Muslim Women
Le conseil canadien des
femmes musulmanes**

Membership form

Please accept my application for membership in the Canadian Council of Muslim Women

Name

Address	
City	
Province	
Postal Code	
Telephone	
Fax	
Email	

Chapter or individual national membership available at a cost of \$25 per annum

I am interested in joining a local chapter. Please send me the contact information for the city of _____.\$_____ Cheque sent by mail.

Please print and mail form to:

**Canadian Council of Muslim Women/Le Conseil Canadien des Femmes
Musulmanes**

P.O.Box 154, GANANOQUE, ONT K7G 2T7

or E-mail form to: info@ccmw.com