



MEMBERSHIP REGISTRATION

MISSION STATEMENT

A gathering of like-minded women who recognize the need for community support, initiating change together, for the greater good of Simcoe County.

NAME:	
STREET ADDRESS:	
CITY:	POSTAL CODE:
PHONE:	
EMAIL:	

→ I understand that my personal information will be kept confidential within the membership committee.

PLEDGE

I agree that I am accepting a one year commitment to Ripple of Kindness Barrie Chapter.
Each member commits to donating \$400.00 per year.

Signature: _____ Date: _____