FST MEMBERSHIP CHANGES – BECOME A MEMBER TODAY!

As an organization working in the community social services sector, Family Service Toronto (FST) views membership in the organization as one way of providing individuals a voice in its decision making. As of April 1, 2009 we have revised our membership policy. Membership is now open to board, staff, clients and community members who complete the membership form indicating that they support FST's mission and values. All members are voting members. The term of membership will be 1 year and there will be no membership fee.

Benefits of membership include:

- · Notice of, and voting privileges at, the annual general meeting and any special meetings of members
- Subscriptions to FST communications
- · Invitations to special events

Our mission:

FST strengthens individuals, families and communities through counselling, education, social action, advocacy and community development and works with partners to build a vibrant community social services sector.

Our values:

We are committed to:

- deepening our understanding of diversity and acting on this knowledge
- grounding our work in the lived experience of clients and the community
- ensuring access and equity in all of our endeavours
- using an inclusive definition of family (i.e., a family consists of two or more people, whether living together or apart, related by blood, marriage, adoption or commitment to care for one another)
- pursuing quality, excellence and innovation
- improving through reflection, evaluation and research
- · acting with integrity and fairness
- working collaboratively
- · creating opportunities for individual and organizational learning
- maintaining transparency in our relationships and communications
- · holding ourselves accountable for achieving our mission and living our values
- celebrating successes.

Yes, I want to be a member of F	amily Service Toronto! I, or the	e agency I represent, support the Mission and Values of F	ST.
Name:			_
Organization:			
Address:			
City:	Province:	Postal Code:	
Phone:	E 84 11	:	
Yes, I would like to make a gift i Name:			
Organization:			_
Address:			
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I wish to make a one-time gift o	of\$		
I wish to make a continuous me	onthly gift of \$ per n	nonth beginning / / (mm/dd/yy)	
Payment Method: cash	cheque (please attach a voi	d cheque for monthly donations) Visa MasterC	ard
Card Number:		Expiry Date: / (mm/yy)	
Name on Card:		Signature:	

Use the enclosed Business Reply Envelope to send in your membership and donation, or make an on-line donation. Charitable Business Number 10737 6063 RR0001