



Algoma District Community Network

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Tel: (705) 842-5808/227 Fax: (705) 842-3747 Email: admin_adnet@adsab.on.ca
www.adnetalgoma.ca/

The _____ applies for membership in the
(Insert name of organization)
Algoma District Community Network (ADnet). The applicants hereby acknowledges support of the ADnet Vision and Mission statements as published on the ADnet web site at www.adnetalgoma.ca.

The applicant organization gives ADnet permission to identify publicly the organization as member of ADnet and use the organization’s name and logo on the ADnet website and other marketing publications. ADnet will not use personal information without the consent of the individual.

The applicant organization appoints _____
as its representative to ADnet.

The applicant organization appoints _____
as its alternate representative to ADnet.

Enclosed is a cheque in the amount of \$500.00.

() Please provide information on how individuals in my organization can participate in the ADnet Board of Directors.

Authorized by: _____
(Signature)

Name: _____
(Print)

Position: _____

Date: _____

Representative Information

ADnet will use the following personal information for the sole purpose of keeping ADnet members informed of ADnet activities by mail and electronic means. ADnet will not convey the information in any manner, shape or form to any third party for any purpose. ADnet will not sell or give the information to a third party.

Representative:	Representative:
Position:	Position:
Address:	Address:
City:	City:
Postal Code	Postal Code
Telephone:	Telephone:
E-mail:	E-mail:
Fax:	Fax: