



ILFO

Institute of Leadership for Women of Ontario
Institut de Leadership des Femmes de l'Ontario

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Membership Form

Thank you for your interest in joining ILFO and participation in creating a stronger community.

Membership: \$20.00 per month

Name: _____

Number: _____

Address: _____

Email: _____

Payment Method:

- Cash Visa Cheque MasterCard

Signature: _____

Date: _____