



**Quỹ Bảo Trợ Giáo Dục Mẹ Âu Cơ**  
**Application for Membership**

Name:		
E-mail:		
Mailing address:		
City:	Province:	Postal Code:
Donation (optional):		

I agree to let the fund list me as a member on its web site: Yes No

I agree to let the fund list my donations on its web site: Yes No

Signature:	Date:
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This is NOT a receipt for income tax purposes  
AuCo Children's Access Fund Inc.

Web: [AuCoFund.ca](http://AuCoFund.ca)  
Email: [Affairs@AuCoFund.ca](mailto:Affairs@AuCoFund.ca)