

Durham Association for Family Resources & Support (DFR)

One Person at a Time, Together with Families

One Year Membership Application Form (April-March)

Our Vision: That all people enjoy a meaningful life within the community

Mission: Durham Association for Family Resources and Support works in partnership with Family Support (services, resources, and other types of assistance) that enhance the capacity of the whole family to care for one another and sustain and/or enhance their valued social roles as family members and as members of the community.

Family Member Applicant Information	
Name:	
Address:	
City:	Postal Code:
Phone Number:	Email address:
The Applicant is a DFR family requesting membership:	Please check: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other family members requesting Membership in the same household:	
Name: _____	Name: _____
Name: _____	Name: _____

OR

Community Member Applicant Information:	
Name:	
Address:	
City:	Postal Code:
Phone Number:	Email address:

The Applicant supports the Vision, Mission and values of DFR. The information provided above is correct.

Dated: _____

Signature of Applicant

Approved by DFR Board of Director's

Dated: _____

DFR Representative

Please mail application to: 850 King St. W Unit 20. Oshawa, ON L1J 8N5 **OR** Email: SThomas@DAFRS.com