



MUNICIPAL SERVICE DELIVERY OFFICIALS

Member Application

Municipality/Organization _____

Address _____

City _____ Province _____ Postal Code _____

Primary Contact

Miss. Ms. Mrs. Mr.

First Name _____ Middle Initial _____ Last Name _____

Work Tel _____ Ext. _____

Work Fax _____

Email _____

Population categories based on 2010 Statistics Canada Census Data.

- Categories Population under 20,000 _____
 Population 20,001 to 100,000 _____
 Population 100,001 to 300,000 _____
 Population 300,001 to 500,000 _____
 Population > 500,000 _____

Please add sales tax to above pricing for payment to be processed.

Invoice Reference MSDO Membership

Invoice Date _____

Due Date _____

MSDO HST No. 84757 8804 RT0001

Return completed form and payment to:

Municipal Service Delivery Officials

MSDO Treasurer

c/o Glenn Brunetti, Manager, Communications Region of Peel

10 Peel Centre Dr., Suite B, 3rd Floor, Brampton, ON L6T 4B9

Tel: 905.791.7800 ext. 4470 Fax: 905.791.0595 Email: Glenn.Brunetti@peelregion.ca

Office Use Only

Membership Number: _____

Amount Remitted: _____

Date Received: _____