

2024 MEMBERSHIP RENEWAL APPLICATION

Hamilton & District Injured Workers Group Inc.

I _____
(Please Print Name)

WISH TO RENEW MY MEMBERSHIP WITH THE **HAMILTON & DISTRICT INJURED WORKERS GROUP**. THIS MEMBERSHIP WILL ALLOW ME ALL THE PRIVILEGES AFFORDED A FULL PLEDGED MEMBER. AS A MEMBER OF THE HAMILTON & DISTRICT INJURED WORKERS GROUP I WILL BE ENTITLED TO RUN FOR ANY POSITION ON THE BOARD OF DIRECTORS IF SUCH A POSITION COMES AVAILABLE. I WILL HAVE VOTING RIGHTS AT GENERAL MEETINGS. I WILL HAVE ACCESS TO THE RESOURCES PROVIDED BY THE HAMILTON & DISTRICT INJURED WORKERS GROUP (during regular business hours).

I would like all correspondence to be sent: (please check one)

- ☐ via mail
- ☐ E-mail
- ☐ Not at all

Member Signature: _____ Date Signed: _____

Address: _____

E-Mail Address: _____

Phone: _____ Approved By: _____

Annual Membership Fee of \$20.00 is due at the beginning of each year. All injured workers fees are waved.

Please send payment by mail to the address below (please do not send cash in mail)
or in person
at our office (address below) or at General Meetings

Thank you for your support!

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| Hamilton & District Injured Workers Group Inc. 709 Barton St. E., Hamilton, ON L8L 3A6 Phone: (905) 543-9090 Fax: (905) 543-1775 E-mail: hamiltoninjuredworkers@hdiwg.net |
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