



SOCIETY OF ST. VINCENT DE PAUL
National Council of Canada

APPLICATION FOR TWINNING

Date: _____

PART ONE

Name of Conference/Council: _____

Full address of Conference/Council: _____

Tel: _____ Fax: _____ e-mail: _____

PART TWO

Contact Person: _____

Full address of contact person: _____

Tel: _____ Fax: _____ e-mail: _____

PART THREE

This is a formal request for our Conference/Council to twin with fellow Vincentians either as:

- DONOR** twin : Outside Canada In Canada
Language(s) of choice for correspondence with our twin outside Canada:
 English Spanish French

OR

- RECIPIENT** twin

PART FOUR

Our Conference/Council was aggregated/instituted on: _____

Our Revenue Canada Business Number is: _____ RR _____

President

Secretary

Please mail or fax the completed form application to the address below:

The Society of St. Vincent de Paul
National Council of Canada
Twinning
c/o Nicole Schryburt
1247 Kilborn Pl.
Ottawa ON K1H 6K9

twinning@ssvp.ca