



**SOCIETY OF SAINT VINCENT DE PAUL**  
**National Council of Canada**

**APPLICATION FOR TWINNING**

Date: \_\_\_\_\_

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**PART ONE**

Name of Conference/Council: \_\_\_\_\_

Full address of Conference/Council: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

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**PART TWO**

Contact Person: \_\_\_\_\_

Full address of contact person: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

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**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

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**PART FOUR**

Our Conference/Council was aggregated/instituted on: \_\_\_\_\_

Our Revenue Canada Business Number is: \_\_\_\_\_ RR

\_\_\_\_\_  
*President*

\_\_\_\_\_  
*Secretary*

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

Society of Saint Vincent de Paul  
National Council of Canada - Twinning  
c/o Nicole Schryburt  
2463 Innes Road, Ottawa ON K1B 3K3  
Fax: (613) 837-7375 - e-mail: [twinning@ssvp.ca](mailto:twinning@ssvp.ca)