



9.15

TWINNING APPLICATION

Date: _____

PART ONE

Name of Conference/Council: _____

Complete address : _____

Tel: _____ Email: _____

PART TWO

Contact Person: _____

Complete address: _____

Tel: _____ Fax: _____ Email: _____

PART THREE

This is a formal request by our Conference/Council to twin with a Conference/Council outside of Canada.

Preferred Country: _____

Language(s) of choice for correspondence: English Spanish French

PART FOUR

Our Conference/Council was aggregated/instituted on : _____

Our Revenue Canada Business Number is: _____ RR _____

President

Secretary

Please send the completed Form to one of the addresses below:

Society of Saint Vincent de Paul
National Council of Canada - Twinning
c/o Nicole Schryburt
2463 Innes Rd
Ottawa, ON K1B 3K3

Fax: (613) 837-7375 - Email: twinning@ssvp.ca