

2021 Organizational Membership



Yes, we'll rejoin Social Planning Toronto today!

By renewing our Social Planning Toronto Organizational Membership, we will help inform and engage individuals and organizations in communities across our city. We support SPT in its role to advocate for fairer public policies and to conduct research, share information, and mobilize residents and community leaders to improve equity, inclusivity, and quality of life in our city.

I understand that our Organizational Membership entitles my organization to notice of and one vote at Member meetings and at the Annual General Meeting.

Organization name (please print): _____

Contact person: _____

Address: _____

Post code: _____ Telephone: _____

Email: _____

As a member, we support the SPT mission as outlined below (please check the box)

Mission

Social Planning Toronto challenges inequity in our city — through knowledge generation, debate, civic engagement, advocacy, and collaboration — to spark social and policy change.

As a member, we endorse the values of the organization as outlined below (please check the box)

Values

- We are committed to equity, diversity, inclusion, and anti-racism
- We respect the rights, knowledge, protocols, and traditions of Indigenous peoples
- We are independent and non-partisan
- We are stronger through our work with partners
- We are accountable to the community
- We ground our work in the lived experiences and expertise of local communities
- We are persistent and proactive, recognizing change is often a long process
- We value evidence-based decision making

Organizational Membership Rates:

- Associate Member \$1000
- Budget over \$5 million \$700
- Budget over \$2 million \$500
- Budget \$500,000 – \$2 million \$300
- Budget \$200,000 – \$500,000 \$150
- Budget \$100,000 – \$200,000 \$100
- Budget under \$100,000 \$50

Please make cheque payable to Social Planning Toronto, or use your organization's credit card (Visa or Mastercard):

Card no: _____ Expiry date: _____

Total paid by credit card: _____ Cardholder name: _____

Signature: _____

Please complete and return with your payment to:
Social Planning Toronto, 1001-2 Carlton St., Toronto M5B 1J3
info@socialplanningtoronto.org