



9.15

## TWINNING APPLICATION

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

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### PART ONE

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

Complete address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

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### PART TWO

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

Complete address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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### 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

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### PART FOUR

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

\_\_\_\_\_  
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](mailto:twinning@ssvp.ca)