

MEMBERSHIP FORM

The In Community membership provides you with the opportunity;

- to become informed and involved,
- to nominate, elect, or serve on the Board of Directors,
- to participate in volunteer committees and
- to vote at the Annual General Meeting.

Name: _____

Address: _____ City: _____

Postal Code: _____ E-Mail: _____

Telephone: (Home) _____ (Work) _____ Fax: _____

New Member

Renewal Membership

*I would like to become a member of **The In Community** in the following category:*

One year individual membership
(\$15.00)

Two year individual membership
(\$25.00)

Life membership
(\$300.00)

*In addition to my membership, I would like to also support **The In Community** through a tax deductible donation. Amount \$ _____*

TOTAL AMOUNT ENCLOSED: \$ _____

Please make cheques payable to **The In Community**. We also accept **VISA** and **MASTERCARD**, please call for details 724-5886.

Optional

To help us know you better please check as many as are applicable. **All information will be kept confidential.**

I am a consumer

I am a family member

I am a volunteer

I work in the social
services sector

I am a friend or
community member

Other (please specify)

I heard about **The In Community through: (Check as many as are applicable)**

Family Member

Friend

Newspaper, TV, Radio

Professional

The In Community
Publication

Website

Other (please specify) _____