

### APPLICATION FOR MEMBERSHIP 2017-2018

New Membership (Affiliation: \_\_\_\_\_ )  Renewal Membership

Name \_\_\_\_\_  Mr.  Mrs.  Ms.  Miss  Other

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal \_\_\_\_\_

\*Email \_\_\_\_\_ Phone \_\_\_\_\_

*\*By providing an email address, I am agreeing to receive the Community ConneXtor (ConneXions monthly e-newsletter)*

Voting Membership	Non-Voting Membership
<input type="checkbox"/> Self Advocate: \$2.00	<input type="checkbox"/> Associate (employee/contractor): \$10.00
<input type="checkbox"/> Individual: \$12.00	<input type="checkbox"/> Corporate: \$12.00
<input type="checkbox"/> Family: \$15.00	

Cash  Cheque  Visa  MasterCard Card No. \_\_\_\_\_ Expiry \_\_\_\_\_

Signature \_\_\_\_\_

*Thank you for your membership. Membership is valid for our fiscal year: April 1, 2017 - March 31, 2018  
(Membership applications submitted after August 31 will not be processed until October 1)*

### DONATION FORM

Registered Charity # 10778 4076 RR0001 | Tax receipt issued for donations over \$10.00

ONE-TIME GIFT	MONTHLY GIFT
\$ _____	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> Other \$ _____
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card No. _____ Expiry _____	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card No. _____ Expiry _____
	<input type="checkbox"/> Automatic Withdrawal Please include a VOID cheque for automatic monthly withdrawal

Signature \_\_\_\_\_

- Monthly donations will be charged to your credit card or withdrawn from your bank account on the 15<sup>th</sup> each month
- An annual tax receipt will be provided for all monthly donations; monthly donations may be cancelled at any time

I wish to remain an anonymous donor

I want to make a donation through my life insurance or Will; please contact me

Thank you for your thoughtful gift! Please send your gift with this form to the address above or info@nsconnexions.org.

*We do not sell, rent or trade donors' personal information with others. If you have any questions about your privacy please contact us.*