

MEMBERSHIP APPLICATION FORM

Everywoman's Health Centre Society (1988) ("the Society")

Please mail your completed membership form and payment to Everywoman's Health Centre, 210-2525 Commercial Drive, Vancouver, BC, V5N 4C1. We accept cash, cheque, debit, and credit card payments.

Why Become a Member?

By becoming a member, you help us to maintain our status as a nonprofit society in British Columbia. In turn, this allows us to continue to provide accessible, safe, and confidential abortion and other reproductive services to women.

Membership Details and Contact Information:

Membership type (please check applicable boxes): Individual Organization New membership Renewal

• *Individual Membership:* First Name: _____ Last Name: _____

• *Organizational Membership:* Name of Organization: _____

Contact Person: _____ Position Title: _____

Mailing address: _____

Email address: _____ Telephone: _____

Method of Contact:

How may we contact you for society business (e.g., the AGM, special resolutions, etc.)?

Please check all that apply: Email Phone Regular mail

May we contact you for other reasons (e.g., special events involving Everywoman's)? Yes No

Payment of Annual Membership Fee:

Individual Membership (please check one):

Regular (\$25.00) Limited income (\$5.00) By donation (any amount) _____

Organizational Membership (please check one):

Regular (\$50.00) By donation (any amount) _____

Would you like to make a tax-deductible donation to the Society?

One-time donation: \$ _____ Ongoing donation: \$ _____ per month (please attach a void cheque)

Signatures:

Your signature (below) indicates that you have read, understand, meet, and agree to abide by the requirements of membership, which are as follows:

In order to become a member, you must apply for membership, ascribe to a pro-choice philosophy, be 12 years of age or older, be nominated by a current member of the Society, uphold the Society's constitution and bylaws (available on request), be accepted by the Society's board of directors, and pay your membership fees.

Your signature: _____ Date: _____

If you are a new member, you have been nominated by:

Name: _____ Signature: _____ Date: _____

Thank you for your support!