

MEMBERSHIP APPLICATION

islandcommunity
services

Name	
Phone	
E-mail	
Address	

Please initial each to confirm both of the following:

I have been a resident of the Southern Gulf Islands for at least 6 continuous months.

I agree to comply with the Constitution, bylaws, policies and procedures of the organization.

Please check one of the following:

YES, I do consent to having my name and contact information shared with other members, for stated lawful reasons as per the Societies Act.

NO, I do not consent to having my name and contact information shared with other members, for stated lawful reasons as per the Societies Act.

Applicant Signature

Date

Receipt of \$1.00 Membership Fee

Island Community Services Signature

Date