

Membership Application 2017

This membership is valid from January 1, 2017 to December 31, 2017

Date:

Name:

Address:

Phone:

Email:

| |
|--|
| <input type="checkbox"/> Accept/renew my membership of \$5.00 per person: \$ |
| <input type="checkbox"/> In support of <i>posAbilities</i> , accept my donation of: \$ |
| <i>posAbilities</i> issues tax receipts for donations of \$25.00 or more. _____ |
| Total: \$ _____ |
| <input type="checkbox"/> Cash (In person) <input type="checkbox"/> Cheque (<i>posAbilities</i> Association of British Columbia) |

Please mail or drop off your membership application and payment and/or donation to:

posAbilities
#240 – 4664 Lougheed Highway
Burnaby, BC V5C 5T5

Donations:

Yes, my name can be published in the *posAbilities* quarterly newsletter *Imagine!*, Annual Report website acknowledging my support and donation.

No, please keep my donation anonymous.

Privacy Information

The personal information on this form will be kept confidential. It will be used for the following purposes:

- to process the membership transaction and to issue a tax receipt for donations, if applicable.
- to create voting lists for the 2017 Annual General Meeting.
- to send you newsletters, bulletins, occasional surveys and information about upcoming activities or special events.

If you would like help in understanding how *posAbilities* protects your privacy, please contact *posAbilities*' Privacy Officer at 604 299-4001 or by email at privacyofficer@posabilities.ca. Please refer to our privacy statement for more information.