

Membership Application

Date: _____

APPLICANT INFORMATION	
Name:	
Address:	
Phone:	Email:
PAYMENT INFORMATION	
<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 (posAbilities Association of British Columbia)
<input type="checkbox"/> E-Transfer (E-Transfer to etransfer@posabilities.ca)	
If paying by E-Transfer, please include the following:	
Full Name:	
Name of person(s) whose membership is being paid:	
Amount of Membership Fee: \$	Membership Year:
Amount of Donation (if any): \$	
Please mail or drop off your membership application and payment and/or donation: posAbilities Association of British Columbia #240 – 4664 Lougheed Highway Burnaby, BC V5C 5T5	
DONATIONS	
<input type="checkbox"/> Yes, my name can be published in the <i>posAbilities'</i> quarterly newsletter <i>Imagine</i> and in the Annual Report acknowledging my support and donation. These publications are posted to the Association's website.	
<input type="checkbox"/> No, please keep my donation anonymous.	
PRIVACY INFORMATION	
<p>The personal information on this form will be kept confidential. It will be used for the following purposes:</p> <ul style="list-style-type: none"> • to process the membership transaction and to issue a tax receipt for donations, if applicable. • to create voting lists for the 2022 Annual General Meeting. • to send you newsletters, bulletins, occasional surveys and information about upcoming activities or special events. You can unsubscribe at any time. <p>If you would like help in understanding how <i>posAbilities</i> protects your privacy, please contact <i>posAbilities'</i> Privacy Officer at 604 299-4001 or by email at privacyofficer@posabilities.ca. Please refer to our privacy statement for more information.</p>	