



Mission Association for Community Living

33345 Second Avenue  
Mission, BC V2V 1K4

Phone: 604-826-9080

Fax: 604-826-9611

www.missionacl.org

## Application for Membership Form

New    Renewing    Permanent Address Change

Name:			
Mailing Address:			
City:		Postal Code:	
Telephone (home):		Telephone (business):	
Telephone (cell):		E-Mail:	

*Please circle appropriate category:*

	Individual	Self Advocate
<b>Annual Membership</b>	\$5	\$1

**YES**, I would like to help children & adults reach their full potential.

Enclosed is my gift for    \$25    \$50    \$100    \$250    \$500    Other \_\_\_\_\_

I would like my gift dedicated to:

Area of most urgent need    Adult programs    Family, Child & Youth programs

*\* Tax Receipts will be issued automatically for donations of \$10 or more (membership fees are not eligible).*

Method of payment:  Cash    Cheque

*(Please make cheques payable to: **Mission Association for Community Living or MACL**)*

The membership coordinator, if any, will review all applications for membership in the Society and may, if necessary to determine eligibility for membership, request the Person to provide further information or documentation in support of the application. The Board will consider a Board Resolution to ratify the approval of memberships made in the last interval and may, if necessary, determine any issues related to membership of an applicant.

Board Approved: Yes    No

Effective date of membership: \_\_\_\_\_

**Thank you for your Support!**

Registered Charity Number 10770 6574 RR 0001