



Membership Registration 2012

This membership is valid from January 1, 2012 – December 31, 2012.

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

<input type="checkbox"/> Accept/renew my membership:		
<input type="checkbox"/> (\$5 per person)	\$ _____	
<input type="checkbox"/> In support of <i>posAbilities</i> ,		
<input type="checkbox"/> accept my donation of:	\$ _____	
Total: \$ _____		
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order
<i>posAbilities issues tax receipts for donations of \$25.00 or more.</i>		

Please send your membership renewal, payment and/or donation to:

posAbilities Association of British Columbia
#240 – 4664 Lougheed Highway
Burnaby, BC V5C 5T5

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 this year's 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 the Privacy Officer at 604 299-4001 or by email at privacyofficer@posAbilities.ca. Please refer to our privacy statement for more information.