

## **Membership Application**

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APPLICANT INFORMATION		
Name:		
Address:		
Phone:	Email:	
PAYMENT INFORMATION		
☐ Accept/renew my membership of \$5.00 per person: \$		
☐ In support of <i>pos</i> <b>Abilities</b> , accept my donation of:  pos <b>Abilities</b> issues tax receipts for donations of \$25.00 or more.  \$		
Membership fee waived for Self	f advocates Total: \$	
☐ Cash (In person)	☐ Cheque (posAbilities Association of British Columbia)	l
☐ 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		
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.		
☐ No, please keep my do	nation 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 Annual General Meeting.
- to send you newsletters, bulletins, occasional surveys and information about upcoming activities or special events. You can unsubscribe at any time.

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 <a href="mailto:privacyofficer@posabilities.ca">privacyofficer@posabilities.ca</a>. Please refer to our privacy statement for more information.