



Membership Application Form

Full Name: _____

Email Address: _____

Home Number: _____ Mobile Number: _____

Mailing Address:

Street: _____

City: _____ Province: _____

Postal Code: _____

Please check areas of special interest or possible volunteer involvement.

- | | | |
|--|---|---|
| <input type="checkbox"/> Board Training | <input type="checkbox"/> Working with PS | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Staff Training | <input type="checkbox"/> Advocacy Work | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Service Providing | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Family Support |
| <input type="checkbox"/> Other: _____ | | |

☐ **Membership Per Year: \$2.00**
Voting member

☐ **Lifetime Membership: \$25.00**
Voting member

Signature: _____

Memberships must have been purchased 2 weeks prior to the Annual General Meeting to be eligible to vote.

Please Mail, E-mail or drop off at our office:

Mailing Address: Kindale Developmental Association
PO Box 94, Armstrong, BC V0E 1B0.

E-mail: kindale@kindale.net

Office Location: 2725A Patterson Ave,
Armstrong, BC V0E 1B0.

Phone: (250) 546-3005