



# MEMBERSHIP APPLICATION

Support ISSofBC by being a member, volunteer, or making a donation.



Name (First Last)

Address (Street)

City, Province

Postal Code

Phone (Personal)

Phone (Work)

Email Address

Name and mailing address are required.

Individual	\$10	Corporate	\$50	\$100	\$250	Check one.
Non-Profit	\$25		\$500	\$1000		

Donation \$ (Optional)	Donate to the general ISSofBC Fund	Check one.
	Donate to the ISSofBC Bursary Fund	Donations are issued a tax deductible receipt.

Please make cheques payable to: **Immigrant Services Society of BC.**  
Thank you for your support!

Print name

By this consent, I/We, ("the Member") hereby agree to give my/our information i.e. address, telephone number and e-mail address to the Immigrant Services Society of BC (ISSofBC). I/We acknowledge that I/we have read the information set out on this form, and hereby consent to ISSofBC's collection and use of my/our information for the purpose of notifying me/us of the membership renewal, and providing information and invitations to ISSofBC's upcoming events. I/We understand if I/we withdraw my/our consent at any time, ISSofBC will not be able to send me/us notification of the membership renewal, information and invitations to special events. ISSofBC is committed to keep my/our information in strict confidence, and will not disclose any such information unless authorized by me/us or required by law to do so.

Member Signature (type name if using PDF)

Witness Signature (type name if using PDF)

Date