



SUPPORTING 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.

ISSofBC Supporting Members' Benefits:

- Membership card
- Invitation to attend ISSofBC AGM
- ISSofBC E-newsletter
- Invitation to attend Special Events

Supporting Membership (non-voting) annual dues: **Individual/Non-Profit/Corporate** \$10

Donation \$
(Optional)

Donate to the general ISSofBC Fund

Donate to ISSofBC Welcome Centre

Check one.
Donations are issued a tax deductible receipt.

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

By this consent, I/We, _____ (Print name) ("the Supporting 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