



MEMBERSHIP FORM

Please complete this form and return to Vision Vancouver, PO Box 4635, Station Main, Vancouver, BC, V6B 4A1. Thank you!
www.votevision.ca info@votevision.ca

Contact Information (please print)

First Name (s)		Last Name	
Residential Address			
Mailing Address (if different from residential address)			
City		Postal Code	
Home Phone	Work Phone	Mobile Phone	
Email address		<input type="radio"/> I would prefer not to receive CityNotes, Vision Vancouver's electronic newsletter.	

Get Involved (please print)

I'd like to volunteer! I can help with: administration communications fund raising outreach
Comments:

Donations (please print)

* * * Suggested minimum donation for membership is \$10/year. * * *

Yes! I want to add my voice to Vision Vancouver to ensure that Vancouver becomes a truly great city!

Method:	<input type="radio"/> Cash	<input type="radio"/> Cheque	<input type="radio"/> MasterCard	<input type="radio"/> Visa	
Frequency:	<input type="radio"/> One-time donation		<input type="radio"/> Monthly donation (please provide cheque marked "void" or credit card info below)		
Amount:	<input type="radio"/> \$100.00	<input type="radio"/> \$50.00	<input type="radio"/> \$25.00	<input type="radio"/> \$10.00	<input type="radio"/> Other \$ _____
Credit Card:					
Card Number			Expiry Date		
Name on card (if different)			Billing address (if different)		
Signature					
Cheque:	Please make cheques payable to "Vision Vancouver Elector Association." Thank you for your support!				

Declaration:

I enclose my payment which I have made from my own personal funds. By-law article 2.9 states: "a Member of Vision Vancouver may not be member of another Vancouver civic electoral party." I declare that I have read or am aware of that By-Law and have not engaged in any conduct that would make me ineligible for membership.

I understand that there are restrictions under the rules as to which members may vote at an annual general meeting or a candidate selection meeting. I understand that membership begins upon acceptance by the Board of Directors of the Vision Vancouver Elector Association.

By signing below, I agree to abide by the terms of membership as set out in the By-laws of the Vision Vancouver Elector Association and rules as set out by the Board of Directors of the Vision Vancouver Elector Association.

Signature _____ Date _____

- I understand Vision Vancouver occasionally reaches out to new supporters by exchanging lists with other progressive organizations, but I do not want my contact information shared with these organizations.