



Community Living VICTORIA

Different abilities. One community.

MEMBERSHIP FORM

Please fill out the following information and return it with your payment to the address below.

Name(s): _____

Address: _____

Email: _____ Postal Code: _____

Phone: (Home) _____ Phone: (Work) _____

- I would prefer to receive correspondence by email only.

Membership in CLV for the year 2012 as:

- an individual - \$20
- a family (2 or more) - \$35 (please check one)
- an organization/company - \$35

1. Cheque: (enclosed) in the amount of \$ _____

2. Visa Card #: _____ Expiry Date: _____

3. MasterCard #: _____ Expiry Date: _____

Signature: _____ Date: _____

If you are paying by credit card, please note that you will receive another membership notice next year, as we do not keep the card numbers on file.

Dues cover the calendar year January 1 – December 31, 2012

You will receive a tax deductible receipt.

Thank you for your support.

CLV may contact you in the future to send you fundraising information to assist people with developmental disabilities and their families. Please call or e-mail CLV if you do not wish to receive this information.

3861 Cedar Hill Cross Road, Victoria, BC V8P 2M7

Tel: 250-477-7231 Fax: 250-477-6944

communitylivingvictoria.ca

Hope. Help. Home.