



Hope. Help. Home.

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 Community Living Victoria

an individual - \$20

a family (2 or more) - \$35

an organization/company - \$35

(please check one)

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

2. Visa Card #: _____ Expiry Date: _____ 3-digit code _____

3. MasterCard #: _____ Expiry Date: _____ 3-digit code _____

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 membership year September 1, 2021 to August 31, 2022

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 intellectual disabilities. Please call or e-mail kengert@clvic.ca if you do not wish to be contacted.

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