



NPA VANCOUVER

MEMBERSHIP FORM

Please complete this form and mail it to **PO Box 939, Stn A, Vancouver, B.C. V6C 2N7**
or **fax it toll free to 1-866-846-9092**. Thanks!

CONTACT INFORMATION (Please print clearly)

Mr. Mrs. Ms. Miss Dr.

First Name

Last Name

Organization (if applicable)

Residential Address

City

Province

Postal Code

Home Phone

Work Phone

Mobile

Email Address

Referred By

GET INVOLVED (Please print clearly)

Yes, I'd like to volunteer! **Comments:** _____

MEMBERSHIP TYPE (Check one)

Membership: One year at \$10 _____, or three years at \$25.00 _____

Yes, I'd like to make a donation. **Amount:** \$25.00 \$50.00 \$100.00 Other \$ _____

Total Payment: \$ _____ **Payment Type:** _____ Cheque or _____ Credit Card

Please make your cheque payable to "NPA Vancouver" and mail it to address above.

CREDIT CARD PAYMENT (Please print clearly)

Cardholder Name

Billing Address (if different from above)

Visa Mastercard Credit Card Number

Expiry Date (mm/yy)

Cardholder Signature

I hereby apply for an NPA Vancouver membership. I am a Canadian Citizen, over 18 years of age and a permanent resident at the address listed above. I, or a member of my household, have paid my own membership fee. I am not a member of any other civic party in Vancouver. I understand that membership is effective upon acceptance by the NPA Vancouver Board of Directors.

I hereby consent to the collection, use and disclosure by NPA Vancouver of the personal information set out in this application for the purposes set out in the NPA Personal Information Protection Policy (www.npavancouver.ca/terms).

Applicant's Signature

Date