

Hope. Help. Home.

MEMBERSHIP FORM

Please fill	out the following information and retur	n it with your paymen	at to the address below.
Name(s):_			
Address: _			
Email:		Postal Code:	
Phone: (H	ome)Pho	ne: (Work)	
I would prefer to receive correspondence by email only.			
Membership in Community Living Victoria for the year 2018 as:			
	 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 digits on back
3.	MasterCard #:	Expiry Date:	3 digits on back
Signature:		Date:	
•	are paying by credit card, please note that you	ou will receive another m	embership notice next year, as we

Dues cover the calendar year January 1 – December 31, 2018
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 kgreen@clvic.ca if you do not wish to be contacted.

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