



204 – 347 Leon Ave., Kelowna, BC V1Y 8C7

www.connectcounsellingsociety.ca

MEMBERSHIP FORM

(Paid Membership is effective for one year from April 1st to March 31st)

Date: _____

Name of Individual or Organization: _____

Address: _____

City: _____ Postal Code: _____

Email Address: _____

Phone: _____ Business: _____

Contact Person (for organizations): _____

Is this a:

- New Membership ()
- Membership Renewal ()

Please check one of the following:

- Volunteer Free ()
- Individual Membership \$10.00 ()
- Corporation Membership \$25.00 ()

I would like to make a donation to Connect Counselling & Therapy Society.

Enclosed is \$ _____ Signature: _____

**MEMBERSHIP DUES AND DONATIONS ARE TAX DEDUCTIBLE
RECEIPTS WILL BE ISSUED FOR AMOUNTS OF \$10 OR MORE**

Thank you for becoming a member of Connect Counselling & Therapy Society