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MEMBERSHIP FORM

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

Date: _____

Name of Individual or Organization: _____

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Phone: _____ Contact Person (for organizations): _____

Please check one of the following:

- Individual Membership \$10 ()
- Corporation Membership \$25 ()

Additional donation amount \$ _____

Total \$ _____ Signature: _____

Payment can be made by:

Cheque

e-Transfer to reception@connectcounsellingsociety.ca

Credit card by calling our office at 250-860-3181

**MEMBERSHIP DUES AND DONATIONS ARE TAX DEDUCTIBLE
RECEIPTS WILL BE ISSUED FOR AMOUNTS OF \$20 OR MORE**

Thank you for your donation!