

Membership Form

Cowichan Elder Care Co-operative

	Year	Month	Day	
MEMBERSHIP PURCHASE DATE				COWICHAN ELDER CARE CO-OPERATIVE VOLUNTEER OPPORTUNITIES
NAME				<input type="checkbox"/> FRIENDLY VISITING
MAILING ADDRESS (INCLUDING POSTAL CODE)				<input type="checkbox"/> SHOPPING
PHONE NUMBER				<input type="checkbox"/> TRANSPORTATION
E-MAIL ADDRESS				<input type="checkbox"/> OTHER CARE (SPECIFY) _____
WEBSITE ADDRESS (IF APPLICABLE)				<input type="checkbox"/> BOARD MEMBERSHIP
CLASS OF MEMBERSHIP				<input type="checkbox"/> COMMITTEE MEMBERSHIP
<input type="checkbox"/> Senior				<input type="checkbox"/> OFFICE ADMINISTRATION
<input type="checkbox"/> Supporting Member (including volunteers)				<input type="checkbox"/> OTHER (SPECIFY) _____
<input type="checkbox"/> Co-operative				OFFICE USE ONLY
<input type="checkbox"/> Non-Profit or Public Sector Organization				<input type="checkbox"/> Cheque
<input type="checkbox"/> Private Organization				<input type="checkbox"/> Cash
<input type="checkbox"/> Self-Employed Care Giver				<input type="checkbox"/> Receipt Issued by: _____ Date: _____
Qty. _____ Membership Shares @ \$10.00 = \$ _____				I agree that Cowichan Elder Care Co-operative may retain and use the above information for purposes related to this membership. Signature: _____
Total = \$ _____				
				Mail to: CECC #6-5955 Indian Road Duncan B.C. V9L 5L1