



**BC HUMANIST
ASSOCIATION**
APPLICATION FOR MEMBERSHIP

Full name: _____

Email address: _____

Mailing address: _____

City: _____ Province: _____ Postal Code: _____

Phone number (optional): _____

Membership: Minimum \$10
 Additional donation: _____

We welcome donations above the cost of membership and will issue a tax receipt for the full value of your contribution.

By signing, I agree (check each):

- that I have read and will uphold the constitution, bylaws, the Statement of Values and Principles and policies of the BC Humanist Association;
- that my name may be released to other members in accordance with the *Societies Act* and the bylaws of the BCHA; and
- that the BCHA may contact me at my email or mailing address.

Signature: _____

Date: _____

Make a cheque out to “BC Humanist Association” and send with this completed form to:
201 – 4501 Kingsway, 335
Burnaby, BC V5H 0E5

Or join online at <https://www.bchumanist.ca/join>