

APPLICATION FOR MEMBERSHIP

Full name:		
Email address:		
Mailing address:		
City:	Province:	Postal Code:
Phone number (optional):		
Membership: □ Minimum	\$10	We welcome donations above the cost of membership and
☐ Additional donation:		will issue a tax receipt for the full value of your contribution.
By signing, I agree (check ea	ch):	
Values and Princip ☐ that my name may Societies Act and to	ples and policies of the	
Signature:		
Date:		
Make a cheque out to "BC Hu 422 Richards St, Suite Vancouver, BC V6B 22	170	nd send with this completed form to:

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