



# COWICHAN WOMEN AGAINST VIOLENCE SOCIETY

COUNSELLING SOMENOS TRANSITION HOUSE VICTIM SERVICES HORIZONS PRE-EMPLOYMENT

I, \_\_\_\_\_ (PLEASE PRINT), apply to the Board of Directors of Cowichan Women Against Violence Society for acceptance as a:

- Regular/Voting Member - \$10.00 for 1 year (woman – 18 & older)
- Associate Non-Voting Member - \$10.00 for 1 year (woman or man – 15+)
- Associate Supporter Member - \$50.00 for 1 year (business/organization)
  
- I have enclosed payment of the annual membership dues as listed above.
- I request the annual fee be waived or I have enclosed what I can afford.
- I am willing to receive email notifications from CWAV Society (you can unsubscribe if you no longer wish to receive emails).
- I am willing to receive text messages from CWAV Society.
- CWAV Society may send notice of Annual General Meetings (AGMs) to me by email.
- I agree to notify the Society should my information change.

For purpose of member notification, my mailing address is:

\_\_\_\_\_

My email address is \_\_\_\_\_

My home phone number is \_\_\_\_\_

My cell phone number is \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_