

## Contact Information (Please print clearly)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City of North Vancouver  District of North Vancouver  District of West Vancouver  Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please check your preferred contact method:  Email  Phone  Mail

- I allow North Shore Women's Centre to recognize my membership/donation in the annual report and email newsletter  
 Subscribe my email to North Shore Women's Centre e-Newsletters

## Membership (Please check one of the boxes; please see below for \*payment options)

\$20 (Individual)  \$5 (Senior/Student/Un(der)employed)  \$25 (Organization)

Membership benefits include:

- Voting privilege at Annual General Meeting (AGM) in September and other Society meetings
- Invitation to member appreciation party following AGM
- Special opportunities to network with other members
- Receive email newsletters and annual reports
- Member recognition in annual report and email newsletter

## Donation (Please check one of the boxes; please see below for \*payment options)

### ❖ Make a One-Time Donation

I would like to make a one-time donation in the amount of:

\$20  \$50  \$100  Specify Amount: \_\_\_\_\_

### ❖ Become a Sustaining Donor (Please enclose void cheque)

I would like to make a monthly pre-authorized donation in the amount of:

\$10  \$20  \$50  Specify Amount: \_\_\_\_\_

Financial Institution: Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

## Pre-Authorized Debit (PAD) Plan Agreement

I authorize that the North Shore Women's Centre, and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments. Regular monthly payments for the full amount of services delivered will be debited to my specified account on the 5th day of each month.

This authority is to remain in effect until the North Shore Women's Centre has received written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I may obtain a sample cancellation form, or more information on my right to cancel a pre-authorized agreement at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Authorized Signature: \_\_\_\_\_

**\*Payment options for membership and one-time donation include: VISA, Paypal, Cheque, or Cash.**

Please mail, email, or fax the *completed* form to:

**North Shore Women's Centre**  
**131 East 2<sup>nd</sup> Street, North Vancouver, BC V7L 1C2**

North Shore Women's Centre is a registered charity organization.  
Income tax receipts will be issued for monetary donations of minimum \$20.00.

**\* THANK YOU FOR YOUR SUPPORT \***