

Society Membership Application Form



Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

Society Membership:

- Society memberships are available to family, friends, supporters, members and community individuals interested in the mission of the Society, and are supportive of keeping the Society at the cutting edge of rehabilitation.
- All new Society memberships are reviewed by the Board of Directors.
- A new membership must be approved a minimum of 14 days prior to scheduled Annual General Meeting (AGM) in order to be eligible to vote at that meeting.

Benefits of Membership:

A membership in the New View Society provides the opportunity to be involved and informed in an organization committed to supporting and improving mental health services for its members and the communities of the Tri-Cities. As a member you will receive information, event invitations and regular updates on the Society's activities. Society Members are encouraged and eligible to vote at the Society's Annual General Meeting.

Voting rights for Society Members are valid from the day of membership purchase until just after that year's AGM. Society updates are distributed until the following years' AGM.

Membership Fee: \$5

Donations of any amount are gratefully accepted and will be allocated to enhancing and expanding our programs, services and our social enterprise endeavors.

Donation Amount: \$ _____ (A tax receipt will be mailed for donations above \$25 or more).

Total Amount Enclosed: \$ _____

Form of Payment: Cheque (made payable to **New View Society**) Visa MasterCard

Card #: _____ Expiry Date: ____ / ____

Name as it appears on the credit card: _____

Signature: _____ Date: _____

"Community Health through Mental Health"