



#300-218 Blue Mountain Street  
Coquitlam, BC  
V3K 4H2

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www.kinsight.org

## Membership Form

New    Renewing    Permanent Address Change

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

*Please circle the appropriate category*

	Individual	Family	Self Advocate
Annual Membership	\$15	\$20	\$5
Lifetime Membership	\$250	\$300	

*\*Family= two adults and their children residing at the same address.*

*\*Lifetime membership (onetime fee).*

**YES, I would like to help children and adults reach their full potential.**

Enclosed is my gift for    \$25    \$50    \$100    \$250    \$500    Other \_\_\_\_\_

I would like my gift dedicated to    Family and Children's Services    Adult Services    Where Most Needed

*\*Tax Receipts will be issued automatically for donations of \$10 or more (membership fees are not eligible).*

*Please select method of payment*

Cheque    Cash

Amount Paid \_\_\_\_\_

**Thank you for your support!**

Charitable business Number 12307 2647 RR0001