



Membership Form

New

Renewing

Address change

Name: _____ Title: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Please select your category:

	Individual	Family	Self-Advocate
Annual Membership	\$15	\$20	\$5
Lifetime Membership	\$250	\$300	N/A

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 & 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: _____

Date: _____

Thank you for your support!

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www.kinsight.org

Charitable Business Number: 123072647 RR0001