



Membership Form

New

Renewing

Permanent address change

Name: _____ Date: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Please select your category:

Email Address: _____

	Individual	Family	Self-Advocate
Annual Membership	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$5
Lifetime Membership	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> 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

Electronic Bank Transfer to accounting@kinsight.org

Amount Paid: _____

Thank you for your support!

#101 – 2312 St. Johns Street, Port Moody, BC V3H 0L7 | Phone: 604-525-9494 | Fax: 604-936-3013

www.kinsight.org

Charitable Business Number: 123072647 RR0001