



Pay it Forward...

with **Volunteer Sunshine Coast!**

MEMBERSHIP APPLICATION FORM

Volunteer Sunshine Coast
Box 1443, Sechelt, BC, V0N 3A0
604-885-4088
volunteersc@resourcecentre.ca
resourcecentre.ca

Thank you for your interest in becoming a member of Volunteer Sunshine Coast!

Please complete this form and return it with your membership fees. Once we have processed your membership application, you will begin to reap the benefits of membership including access to **govolunteer.ca**.

Type of Membership

- Individual - By donation
- Knowledge Philanthropist - \$25/year
- Organization - \$125/year * **Early bird - \$100 if paid by January 31, 2019**

Please specify:

- | | |
|---|--|
| <input type="checkbox"/> Professional organizations | <input type="checkbox"/> Registered not-for-profit |
| <input type="checkbox"/> Trade unions | <input type="checkbox"/> Registered charity |
| <input type="checkbox"/> Government/Non-partisan | <input type="checkbox"/> Social Enterprise |
| <input type="checkbox"/> Business | <input type="checkbox"/> Other: _____ |

Contact Information

Name: _____

Organization Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____

E-mail: _____



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Please provide a brief description of your **volunteer interests** and/or your **organization's services**:

For organizations–Please indicate your category:

- | | | |
|--|---|--|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Family and Children | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Health and Social Services | <input type="checkbox"/> Sports and Recreation |
| <input type="checkbox"/> Capacity Building | <input type="checkbox"/> Immigrant Services | <input type="checkbox"/> Religion and Spirituality |
| <input type="checkbox"/> Community Development and Housing | <input type="checkbox"/> International Development | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> LGBTTIQQ2SA | <input type="checkbox"/> Women's Services |
| <input type="checkbox"/> Education and Research | <input type="checkbox"/> Law, Advocacy and Politics | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Environment and Animals | <input type="checkbox"/> Philanthropic | |

Membership Agreement

In applying for membership to Volunteer Sunshine Coast I verify that the above information provided is accurate. I commit to providing updates to Volunteer Sunshine Coast on any changes to my contact information or in our organization. I will be involved with Volunteer Sunshine Coast as a member through payment of annual fees.

Applicant Signature: _____

Applicant Name (printed): _____

Position with Organization (if applicable): _____

Dated: _____

How did you hear about Volunteer Sunshine Coast?

- Website
- Newspaper/TV/Radio
- Referral from an individual
- Referral from school/community centre
- Referral from another organization/volunteer centre
- Other: _____

For Office use only:

- Application approved
- Payment received
- Added to Resource Centre mailing list
- Added to Non-profit Directory (if applicable)
- Provided **govolunteer.ca** information