HOPE COMMUNITY SERVICES

Sharing Hope | Helping Others | Strengthening Community

MEMBERSHIP FORM

Become a member and be part of building a stronger, more caring community.

1. CONTACT INFORMATION

First Name: _____ Last Name: _____

Email Address: _____

Phone Number: _____

2. ADDRESS INFORMATION

Street Address: _____

City: _____ Province: _____ Postal Code: _____

3. MEMBERSHIP TYPE *(Please select one)*

☐ NEW MEMBER ☐ RENEWING MEMBER

Annual Membership Fee: **$5.00**

4. PAYMENT OPTIONS *(Please select one)*

Your $5.00 annual membership fee helps support the important work we do in our community.

☐ **E-TRANSFER**
Send $5.00 to **giving@hopecommunityservices.com**

☐ **CASH OR CHEQUE**
Drop off cash or cheque (made payable to Hope Community Services) at the Hope Community Services office.

5. AGREEMENT

I support the mission of Hope Community Services and wish to become a member.

_____ _____

Signature Date

936 6th Avenue
Hope, BC V0X 1L4 | 604-869-4673 | info@hopecommunityservices.com | hopecommunityservices.com