

MEMBERSHIP APPLICATION

Complete this form to become a MACL Member — **it's completely free!** Once you've filled it out, you can return it to us by dropping it off in person during office hours at 33345 Second Avenue, emailing it to macl@macl.bc.ca, or faxing it to us at 604-826-9611.

Your membership helps support our work and builds a stronger, more inclusive community — thank you!

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Email: _____

I WISH TO APPLY TO BE A MACL MEMBER

Signature: _____

Date: _____

All members are requested to attend our AGM.

There is no annual fee for a MACL membership, however we appreciate your single or monthly donation.

Single Donation Amount: \$ _____

Tax receipt requested? ☐ Yes ☐ No

Please note only donations \$20 and more are eligible for a tax receipt.

I WISH TO BE A MONTHLY DONOR: ☐ Yes

☐ \$10 ☐ \$20 ☐ \$30 ☐ \$40

☐ \$50 ☐ \$60 ☐ \$100

Other Amount: \$ _____

MACL will contact you shortly to arrange the set up for your monthly donation.

Would you like to receive email updates and communications from MACL?

☐ Yes, sign me up to receive email updates

☐ No, I do not wish to be signed up

OFFICE USE ONLY

Application for MACL Membership has been received:

Signature: _____

Date: _____