



Mission Association for Community Living

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: _____