



Membership Registration or Renewal Invoice

Connecting People Who Care With Causes That Matter

Membership Fees

<input type="checkbox"/> Individual	\$ 20.00/yr
Non-profit Agency	
<input type="checkbox"/> budget <\$200k	\$ 90.00/yr
<input type="checkbox"/> budget \$200k-\$1m	\$ 120.00/yr
<input type="checkbox"/> budget >\$1m	\$ 235.00/yr

Total \$

Membership fees cover one year from the date of payment

Please complete the following information for our records and communications with you.

Organization/Individual Name:

Main Contact Name: Position/Title: Email:

Volunteer Manager/Coordinator Name: Email:

Full Address:

Telephone: Fax: Website:

Which form of volunteer screening does your organization use?

RCMP Police Information Check With Vulnerable Sector? Yes No

Ministry of Justice Review Other:

Date: Signed:

Please return this completed form with payment.

We accept payment by cheque, cash, credit card, or e-transfer (payments@volunteercr.ca). For credit card, please call or come to our office.

900 Alder St. Campbell River, BC V9W 2P6
www.volunteercr.ca

Hours: Monday - Thursday 10:00am to 4:00pm
250-287-8111 • mail@volunteercr.ca

FOR OFFICE USE ONLY: FEE \$ _____ CASH/CHQ#/CC/E-TRANSFER: _____ DATE RECEIVED: _____