

Membership Application/Renewal Form

New Member: Renewal:

Please complete the following form fully if you are a NEW MEMBER. For RENEWALS please complete only the information that may have changed

Name: _____

Mailing Address: _____

_____ Postal Code: _____

Telephone: _____ E Mail: _____

I would like to receive SCACL's electronic newsletter Yes No
(SCACL does not share email addresses)

Date: _____

- Membership for One Year \$10.00
- Membership for Three Years \$25.00
- Membership for Self-Advocates \$ 5.00
- Membership for Businesses & Organizations \$15.00
- Donation (A tax receipt will be issued)

Total paid _____ CASH CHEQUE

Please mail to: SCACL P.O. Box # 165 Sechelt B.C. V0N 3A0
Or drop off to the SCACL office: #105 - 5711 Mermaid St. Sechelt.

Questions? Contact us at (604) 885.7455 info@scacl.ca scacl.ca