

**Membership Benefits** 

## **Mission Friendship Centre Society**

33150A First Ave. Mission, B.C V2V 1G4 604-826-1281 604-826-4056

Date:\_\_\_\_\_



## **Membership Application**

| Directors, and                 | or run for ou   | r Board of Direct  | nce a year with the<br>ors if you have ma<br>and comply with  | intained membe    |                |            |  |
|--------------------------------|---|--------------------|---|-------------------|----------------|------------|--|
| **** Remi                      | nder to fill ou   | t a new members    | hip application ev  | ery year and or ı | apdate informa | ıtion****  |  |
| <u>Goals</u>                   |   |                    |   |                   |                |            |  |
| a safe and hea                 | lthy environn   | nent which repres  | come a member to<br>sent the interests a<br>the betterment of | and needs of this | •              | aintaining |  |
| Fee per perso<br>approval from | _   | • • •              | st—March 31st) (I   | Fee will be acce  | pted upon ap   | plication  |  |
| Elder (55+)                    | er (55+) Yes No How many years have you been a MFCS member? |                    |   |                   |                |            |  |
| Name (PRINT) Signature:        |   |                    |   |                   |                |            |  |
| Address: City:                 |   |                    |   |                   |                |            |  |
| Postal Code:                   |   | Phone:_            |   |                   |                |            |  |
| E-mail Address                 | s:  |                    |   |                   |                |            |  |
| Date of Birth:_                |   |                    | Gender: Mal   | e Fema            | le             |            |  |
| Ethnicity                      | (Please Circ  | le One) Statu      | s Non-Sta   | tus Meti          | s Inuit        | Other      |  |
| Would you like                 | e to be MFCS  | volunteer?         | Yes No  |                   |                |            |  |
| How would you                  | u like to recei   | ve written notices | s?  |                   |                |            |  |
| What program                   | s/activities w  | ould you like to v | olunteer for?   |                   |                |            |  |
| Elders                         | Youth   | Health             | Special Ev  | vents Ot          | her            |            |  |
| What skills do                 | you have?   |                    |   |                   |                |            |  |
| Carpentry                      | Electrical  | Architect          | Office Admin.   | Proposal Wr       | iting Kitc     | hen help   |  |
| What time are                  | you available   | to volunteer?      | Days  | Evenings          | Weekends       |            |  |
| Board Signature:               |   |                    |   | Date:             |                |            |  |
| Paid:                          | Renewal:  | New Me             | mber:   | Received By:      | Year:          |            |  |