



Membership Application

Please be advised memberships run from August 1 to July 31

SONSHINE SOCIETY OF CHRISTIAN COMMUNITY SERVICES APPLICATION FORM

Thank you for applying to become an active member of Sonshine Community Services. Members are those who support and endorse the work and goals of Sonshine, which are described in the objects and mission statement of Sonshine, and who adhere to Sonshine’s objects and bylaws.

The mission of Sonshine is: *Motivated by our Christian faith, our mission is to help women and children transform their lives.* Members may view a copy of Sonshine’s objects and bylaws at the Sonshine offices during regular business hours.

Annual Membership Fee: * \$25/ member

Name of Individual Member(s):	Signature of Individual Member(s):	Fee:
1) _____	_____	\$25
2) _____	_____	\$25
Total Annual Membership Fee:*		\$_____

Address: _____

City: _____ Province: _____ PC: _____

Telephone: _____

E-mail: _____

(by sharing your email address you agree to receive informational emails and electronic newsletters)

Method of Payment:

_____ Cheque (enclosed, payable to Sonshine Community Services)

_____ Credit Card: _____ Exp. _____
(Visa and MasterCard only)

Name on the Credit Card: _____

Dated: _____

You may mail the completed form to Sonshine Community Services, PO Box 34067 RPO Westbrook Calgary, AB T3C 3W2 or fax to 403-287-2194

For further information please call 403-705-3485

**Sonshine Community Services is a registered Canadian charitable organization (Registered Charity Business # 119156412RR0001) and will issue an official receipt for income tax purposes for tax-deductible donations made. Please be assured your information will be kept confidential.*

THANK YOU FOR YOUR SUPPORT