

SOCIETY MEMBERSHIP FORM

April 1 – March 31

Date: _____

Name: _____

Address: _____

Postal Code: _____

Phone: _____

Email: _____

Society membership dues are \$5.00 or \$1.00 (limited income) for one year.

In addition to membership, I am donating \$_____.
(A charitable tax receipt will be issued for donations of \$10 or more)

I have enclosed a cheque for \$_____ made payable to Pathways Clubhouse

Please mail to: Pathways Clubhouse
7351 Elmbridge Way
Richmond, BC V6X 1B8

THANK YOU FOR YOUR SUPPORT!