

Individual Membership Application



Member Information

NAME		DATE OF APPLICATION (D/M/Y)	
AFFILIATION (OPTIONAL)		POSITION / TITLE (OPTIONAL)	
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	FAX NUMBER	
E-MAIL ADDRESS			

PILLAR NONPROFIT NETWORK DOES NOT SHARE INFORMATION WITH OTHER ORGANIZATIONS.

I UNDERSTAND THAT MY NAME MAY BE USED IN LISTS OF MEMBERS FOR PUBLICITY AND/OR FUNDRAISING PURPOSES; OTHER DETAILS WILL REMAIN CONFIDENTIAL.

Signed _____

Fee Information

ANNUAL INDIVIDUAL MEMBERSHIP FEE \$50. FEES ARE FOR THE CALENDAR YEAR.

Note: each individual member is entitled to one vote at general meetings.

PAYMENT BY: CHEQUE CASH

Please make cheques payable to "Pillar Nonprofit Network"

Membership fees are non-refundable.
