

MEMBERSHIP APPLICATION FORM
Covering the period January 1 – December 31, 2012

Please detach and return with membership fee (cheques may be made payable to BCCL) to:

Brampton Caledon Community Living
Attn: Wendy Firkins
34 Church Street West
Brampton, ON L6X 1H3

FAX: (905) 453-8853

- | | | |
|---|--|---------|
| <input type="checkbox"/> New Membership | <input type="checkbox"/> Renewal Membership | |
| <input type="checkbox"/> General (1 person)..... | | \$ 10 |
| <input type="checkbox"/> Family (2 or 3 people) | | \$ 15 |
| <input type="checkbox"/> Circle of Support (5 people) | | \$ 25 |
| <input type="checkbox"/> Business Friend (1 business) | | \$ 25 |
| <input type="checkbox"/> Corporate Sponsor (1 business) | | \$1,500 |
| <input type="checkbox"/> Employee (1 person) | | \$ 10 |

Members are as follows:

Name: _____
 Address: _____
 City/Province: _____
 Postal Code: _____
 Phone: _____
 Email: _____

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 Email: _____

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 Address: _____
 City/Province: _____
 Postal Code: _____
 Phone: _____
 Email: _____

Donations are gratefully accepted.
A charitable donation receipt will be
issued for donations \$20 and over.

Charitable Registration
(#10680-5880-RR0001)

I wish to donate \$_____ to assist in the work of BCCL.

Total including membership: \$_____

Please charge to my VISA card:

Cardholder: _____ Card #: _____ Exp. ___/___

Signature _____ Date _____

If you do not want information provided on this sheet shared within other departments at BCCL check here _____