



MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION		Date: (YYYY/MM/DD)	
First Name:		Last Name:	
Street Address:			
City/Town:	District:	Province:	Postal Code:
Home Phone:		Mobile Phone:	
Email Address:			

I, the undersigned and identified by the information provided, hereby apply for membership to the Gibsons & District Library Foundation Society (GDLFS). Current GDLFS member in good standing, _____ has recommended me for membership and I agree to pay a membership fee of \$5.00 once my application has been accepted. Payment can be made by Cash, Cheque (payable to Gibsons & District Library Foundation Society), or by e-transfer to treasurer@gibsonslibraryfoundation.ca

I also acknowledge/agree that:

- I will abide by the Constitution and Bylaws of the Gibsons & District Library Foundation Society*
*Registered Charity No. 871892311 RR0001
- Acceptance as a new member is subject to the review and decision of the Board of Trustees.
- My membership is limited to a one-year term, ending at the close of the next Annual General Meeting. To continue as a member in good standing, a \$5 fee is payable after each AGM.

Signature

To receive email notifications from the Society, which may include announcements, publications, newsletters, updates, event or seminar invitations, or other information of interest, your direct consent is required. Please confirm your consent for email notifications from the Gibsons & District Library Foundation Society:

- Yes, I consent to receiving email notifications
- No, I do not consent to receiving email notifications.

Please indicate your areas of interest:

- Serving on the Board
- Policy Committee
- Fundraising/Events
- Newsletter/Publicity

The information contained in this application is collected solely for the use of the Gibsons & District Library Foundation Society to maintain a record of our members and to keep in contact with our members. This information will not be sold or shared with any other organization or entity.

Gibsons & District Library Foundation Society
470 South Fletcher Rd. P.O. Box 109
Gibsons, BC V0N 1V0

FOR OFFICE USE ONLY:

PAYMENT RECV'D FROM:	DATE: (YYYY/MM/DD)
PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE # _____ <input type="checkbox"/> E-XFR FROM _____	AMOUNT:
MEMBERSHIP APPROVED AT BOARD MEETING: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE: (YYYY/MM/DD)