

Member Information

Connection to Hope Centre Ministries:

☐ **Program Participant**

☐ **Parent**

☐ **Board Member**

☐ **General Supporter**

☐ **Relative**

☐ **Volunteer**

Name _____

Address _____

City _____ Prov _____ Postal Code _____

Phone _____ Email _____

- ☐ *Due to increasing postage costs, we encourage members to receive information electronically. If you prefer to receive information by regular mail please check here.*

Please Indicate Your Membership Choice

Connection to Hope Centre Ministries:

☐ **Individual Membership - \$10.00**

☐ **Family Membership - \$15.00**

Family membership may include a maximum of five people living in one home and may include one person who participates in HCM programs who lives at a different address.

1. _____

2. _____

3. _____

4. _____

5. _____

*please make cheques payable to Hope
Centre Ministries Inc.*

Membership Agreement

I agree with Hope Centre Ministries Inc's mission and by-laws and support the ongoing work of the organization.

- ☐ I agree to allow Hope Centre Ministries Inc. to use my personal information for the following purposes:
- Contact regarding developments, meetings, events
 - Newsletter and bulletin distribution
 - To maintain a membership list
 - To provide charitable receipts as applicable

I acknowledge that I may withdraw my consent for the aforementioned conditions at any time by advising Hope Centre Ministries Inc. in writing. Hope Centre Ministries Inc. reserves the right to cancel individual or family memberships if this agreement is not upheld.

Signature _____ **Date** _____

Donation Options

I would like to support the vision of Hope Centre Ministries with the following donation: ☐ **MONTHLY** or ☐ a **ONE TIME GIFT** of:

☐ **\$30** ☐ **\$70** ☐ **\$** _____

I would like my gift to be in support of:

- ☐ **As Needed** ☐ **Programs** ☐ **Support for Families**
☐ **Staff Fundraising (please specify)** _____

- ☐ 1. Cheque(s) Enclosed (please make cheques payable to: Hope Centre Ministries)
- ☐ 2. I would like to use my credit card ☐ Visa ☐ Mastercard
- | | |
|---------------------|-------------|
| Card Number | Expiry Date |
| ____/____/____/____ | ____/____ |
| CVS | Signature |
| ____ | ____ |
| ____ | Date |
| ____ | ____ |