

Membership Form

Your membership is appreciated!

Name: _____

Address: _____

City: _____ Postal code: _____

Phone: _____

Email: _____

Date of application: _____

All members in good standing:

- *Have the right to vote at the annual general meeting.*
- *Will uphold the constitution and comply with the society's bylaws and ensure the society operates in a cooperative manner.*
- *Will receive three newsletters a year.*

Membership term runs from AGM to AGM. Your membership will expire in **September 2024**.

I commit to upholding the purposes of the Victoria Women's Transition House Society (the "Society") as set out in the Society's constitution and the feminist perspective, defined as, feminism as a way of being, thinking and living in the world, where the aim is to achieve gender equality in every aspect of life such as social, political, economic, religious and cultural.

I agree that my personal information (name and contacts) may be shared with other members upon request, for the purposes of a member resolution.

Please sign me up for your e-news!

Membership fee

\$10.00

I would also like to make a donation of \$_____
 Donations of \$10 or more are eligible for a tax receipt

cheque/cash enclosed

Credit card # _____ Exp. _____ Signature _____

I am a:

Donor

Board Member

Former Board Member

Volunteer

Allied Professional

Other _____

Every year Transition House helps hundreds of women and children who are taking brave steps to live free of violence. Your membership fees support programs and services for these families.

Thank you!