Quadra Island Seniors Housing Society

PO Box 535, Quathiaski Cove, BC, V0P 1N0 Ph:
(250) 203-3770 | Email: qishs535@gmail.com
www.qiseniorshousingsociety.ca

Membership Application and Renewal Form

Please print:

Name:

Date:

Mailing Address:

Postal Code:

Phone:

Email:

Signature:

- Membership helps support QISHS and entitles you to vote at the QISHS Annual General Meeting.
- Charitable donation receipts will be sent for amounts greater than the $25 Membership.
  Please provide your mailing address for your receipt.

MEMBERSHIP FEE AND DONATION

Annual Membership: $25

Plus Donation Amount:

Total Amount: _____

Please indicate how you will send QISHS the membership fee and donation, if you are making a donation.

- ☐ Mail a cheque to PO Box 535, Quathiaski Cove BC, V0P 1N0
- ☐ Click on the Donate button on the QISHS website to use your credit card
- ☐ E-transfer to qishs535@gmail.com and specify “QISHS membership fee”:

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DONOR ACKNOWLEDGEMENT

QISHS would like to acknowledge and thank donors publicly on our website and in press articles. QISHS would like your permission to do so. Please answer the following questions:

I consent to having my donation acknowledge publicly	☐ Yes	☐ No
I consent to having my name listed with my donation	☐ Yes	☐ No
I consent to having the amount of my donation listed	☐ Yes	☐ No

EMAIL UPDATES

From time to time QISHS sends email updates to all our members. These emails may sometimes include a request for donations. To comply with Anti-Spam law in Canada (CASL) QISHS must receive your permission to send you emails.

I consent to receive emails	☐ Yes	☐ No

MEMBERSHIP REGISTER

QISHS is required by the BC Societies Act to maintain a Membership Register that the public can access on request. The Membership Register is not published on the internet. It can only be viewed by appointment in the office of QISHS at 688 Harper Road in Quathiaski Cove, To comply with this requirement, please answer the following questions:

I consent to having my name in the Membership Register	☐ Yes	☐ No

Please choose one method of contacting you for this Membership Register listing:

I consent to having my email in the membership register	☐ Yes	☐ No
I consent to having my mailing address in the membership register	☐ Yes	☐ No
I consent to having my phone number in the membership register	☐ Yes	☐ No

Thank you for supporting our work to provide affordable housing to enhance Quadra seniors' dignity and quality of life!