

SOCIETY MEMBERSHIP APPLICATION

NAME OF APPLICANT: _____

MAILING ADDRESS (please print clearly): _____

POSTAL CODE: _____ - _____

TELEPHONE (Home): _____

(Bus): _____

(E-Mail Address) (Please Print Clearly) _____

CURRENT OCCUPATION: _____

REFERRED BY: _____

I, _____ hereby make application for membership in the Vernon Women's Transition House Society.

REASON FOR APPLYING: _____

PREVIOUS OR CURRENTLY HELD DIRECTORSHIP/MEMBERSHIP IN OTHER ORGANIZATIONS: (Please include all volunteer work)

PLEASE CHECK ONE OF THE STATEMENTS BELOW:

I **would be interested** in serving on the Board of Directors.

I **am not interested** in serving on the Board of Directors.

May we approach you in the future regarding the possibility of serving on our Board of Directors?

Yes **No**

SIGNATURE OF APPLICANT: _____ Date: _____

For Office Use Only:

DATE APPLICATION RECEIVED: _____

DATE OF APPROVAL BY BOARD: _____ **MEMBERSHIP EXPIRY DATE:** _____

SIGNATURE OF BOARD MEMBER: _____