

# MEMBERSHIP FORM


The **Family Support Institute of BC (FSI)** provides province-wide support to families faced with the extraordinary circumstances that come with having a family member with a disability. Your support and generosity enables us to enhance this support and continue to strengthen families.

All FSI members will automatically be subscribed to FSI's Possibilities newsletter and the FSI Bulletin.

<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>Prov:</b>	<b>Postal Code:</b>	
<b>Phone:</b>			
<b>Email:</b>			

<b>Membership:</b> Please select the membership category which applies to you ( <i>memberships are valid May 1 to April 30</i> ):			
Membership Term (Length)	Family and Individual	Non-Profit / Government Agency	Corporation / Business
5 year	<input type="checkbox"/> \$90	<input type="checkbox"/> \$200	<input type="checkbox"/> \$400
4 year	<input type="checkbox"/> \$75	<input type="checkbox"/> \$180	<input type="checkbox"/> \$340
3 year	<input type="checkbox"/> \$60	<input type="checkbox"/> \$150	<input type="checkbox"/> \$270
2 year	<input type="checkbox"/> \$45	<input type="checkbox"/> \$110	<input type="checkbox"/> \$190
1 year	<input type="checkbox"/> \$25	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100
Whatever you can afford – 1 year	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	

<b>Voting members</b> are relatives of a person with a disability or persons with a disability.
<input type="checkbox"/> I am a parent / family member of a person with a disability or I am a person with a disability.

<b>Donation:</b> Here is my tax-deductible donation in the amount of:										
<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$500	<input type="checkbox"/>	\$1000	<input type="checkbox"/>	Other Amount	\$ _____
<input type="checkbox"/>	YES, I would like to make monthly donations to the <b>Family Support Institute of BC</b> . I have enclosed post-dated cheques in the amount that I would like to contribute every month.									
	Another option is to donate via CanadaHelps at (with the charity name of "Family Support Institute of BC Society") at: <a href="http://www.canadahelps.org/CharityProfilePage.aspx?charityID=s1106">http://www.canadahelps.org/CharityProfilePage.aspx?charityID=s1106</a>									

Method of payment on back of page


Method of payment:						
<input type="checkbox"/>	Cash	<input type="checkbox"/>	Cheque(s)		Total Amount	\$ _____
<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	VISA	<input type="checkbox"/>	Mastercard	
	Credit Card Number	_____/_____/_____/_____			Expiry Date	_____
	3 Digits On The Back Of The Credit Card	_____				
	Print Name On Credit Card:	_____				
	Signature:	_____				
	<b>For your personal safety, please do not email your credit card information. Fax, mail or call the FSI office instead.</b>					
<input type="checkbox"/>	Please send a tax receipt for my membership or donation to the above address. <b>Charitable BN/registration number 105629497RR0001.</b>					


Please return the completed form to the **Family Support Institute of BC** at:  
**227 6<sup>th</sup> Street, New Westminster, BC V3L 3A5** or fax to **604-540-9374**

**THANK YOU FOR YOUR SUPPORT!**


227 6<sup>th</sup> Street New Westminster, B.C., Canada V3L 3A5


 [www.familysupportbc.com](http://www.familysupportbc.com)

 Email: [fsi@fsibc.com](mailto:fsi@fsibc.com)

 Tel: 604-540-8374

Charity #: 105629497RR0001

 Fax: 604-540-9374

 Toll Free: 1-800-441-5403

