

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.

Name:			
Address:			
City:	Prov:	Postal Code:	
Phone:			
Email:			

Membership: 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"/> \$ _____	

Voting members 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.

Donation: 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 Family Support Institute of BC . 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: http://www.canadahelps.org/CharityProfilePage.aspx?charityID=s1106									

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:	_____				
	For your personal safety, please do not email your credit card information. Fax, mail or call the FSI office instead.					
<input type="checkbox"/>	Please send a tax receipt for my membership or donation to the above address. Charitable BN/registration number 105629497RR0001.					


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

THANK YOU FOR YOUR SUPPORT!

227 6th Street New Westminister, B.C., Canada V3L 3A5


 www.familysupportbc.com

 Email: fsi@fsibc.com

 Tel: 604-540-8374

Charity #: 105629497RR0001

 Fax: 604-540-9374

 Toll Free: 1-800-441-5403

