

MEMBERSHIP APPLICATION

CHILLIWACK RESTORATIVE ACTION AND YOUTH ADVOCACY ASSOCIATION

I support Restorative Action and Youth Advocacy in Chilliwack, Sign me up!

| | | |
|--------------------------|--------------------|---------------------|
| Name: | | |
| Address: _____ | | |
| | | Postal Code: |
| Phone # (home) | (work) | (cellular) |
| E Mail: | | |
| Date: | Signature X | |

Yes, I want to help the youth in our community, here is my additional donation: \$ _____
(Make cheque payable to CHILLIWACK RESTORATIVE ACTION)

Membership Fee: \$ **5.00**

Total: \$ _____

Chilliwack Restorative Action and Youth Advocacy Association
45877 Wellington Avenue
Chilliwack, BC V2P 2C8
Charity BN/ Registration # 87236 6067 RR0001

We appreciate all donations, we will issue an Official Tax Receipt for every donation over \$5.00. We are committed to protecting the privacy of individuals whose personal information is collected and will only be used by our organization.

Please mail application to:

Chilliwack Restorative Action and Youth Advocacy Association
45877 Wellington Avenue,
Chilliwack, BC
V2P 2C8