

MEMBER FORM



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CNIS needs your ongoing support.

Please help CNIS continue to make a difference to the health of Africans by becoming a member or renewing your membership. As a member you will receive our quarterly newsletter, can serve on the board and may participate in various Canadian Public Engagement events, but most importantly, you help assure that CNIS' skills training, injury control and surgical information initiatives can continue into the future.

As an individual or as an organization, all donations will receive a charitable tax receipt. You will receive a quarterly newsletter and access to information and support.

DONATE ONLINE! You can also use our "Donations" secure page to join online! Just visit us at www.cnis.ca

ANNUAL MEMBERSHIP FEES

Individual

Student: \$50

Regular: \$100

Organizational

Corporate: \$1000

Please fill out the form with the fields provided or print out and fill in manually; then mail, fax, or email to the addresses above.

Full Name _____

Home address _____ City _____

Province _____ Postal Code _____

Occupation _____

Home phone _____ Work phone _____

Cell phone _____ Fax number _____

E-Mail _____

For the period of: *July 1, 2013 to June 30, 2014*

Cash (in person only, please)

Cheque (enclosed, payable to CNIS)

Credit Card

Visa # _____

Expiry Date _____ 3-Digit Code _____

membership fee \$

(optional) donation \$

TOTAL \$

Signature _____