

Fort St. John Association for Community Living Membership Application Form

Date: _____

Name: _____

Address: _____ **Postal Code:** _____

Phone Number: _____ **e-mail:** _____

Please indicate by checking the boxes below which you are interested in:

1. I would like to receive the following:

- a. The newsletter
- b. E-mail information on events happening in our organization
- c. E-mail information on provincial issues in our sector
- d. Information on training opportunities for families in our area
- e. Open Doors Information (Self advocate group)

2. I am interested in being a volunteer

- a. If yes, please indicate what activities you would be interested in:

3. I have experience and knowledge that I would be willing to share

(this could include professional expertise, or perhaps something you could teach or lead a workshop in for the individuals receiving services)

- a. That experience/knowledge is in the following areas:

Comments/Suggestions:

Signature: _____

Date: _____