



Membership Enrolment Form

Date of Membership: _____ Expires: AGM

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

(Discounts to Events, Reminder to Annual General Meeting, Emergency General Meeting, Bylaw Information and Membership Renewal are sent via email as required).

Do you wish to receive regular announcements of the Surrey Pride Society's activities by email? (Check one) Yes () No ()

Member's Signature: _____

By signing this form and paying the membership fee, you are hereby a full member of the Surrey Pride Society till AGM.

Signature of the Receiving Board Member of the Surrey Pride Society:

_____ Date: _____

Email completed form to: secretary@surreypride.ca

Society # S-41946 Website: www.surreypride.ca