



Membership Form

Name: _____
(if you are also making a donation, include middle initial for tax receipt)

For family memberships, list additional names: _____

Address: _____

Telephone: _____ Email(s): _____

- | | | | | | |
|-----------------------|--------------------------------------|---------------------------------------|--|--------------------------------|-------------------------------------|
| Individual Membership | <input type="checkbox"/> 1 yr @ \$25 | <input type="checkbox"/> 3 yr @ \$75 | How would you like to receive our newsletter, <i>The Acorn</i> ? | <input type="checkbox"/> email | <input type="checkbox"/> paper mail |
| Family Membership | <input type="checkbox"/> 1 yr @ \$35 | <input type="checkbox"/> 3 yr @ \$105 | | | |
| Youth (Under 16) | <input type="checkbox"/> 1 yr @ \$10 | | Would you like to receive our emails about news & events? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Individual Senior | <input type="checkbox"/> 1 yr @ \$20 | <input type="checkbox"/> 3 yr @ \$60 | | | |
| Student/Low-Income | <input type="checkbox"/> 1 yr @ \$20 | <input type="checkbox"/> 3 yr @ \$60 | <input type="checkbox"/> Please send me volunteer information | | |
| Business | <input type="checkbox"/> 1 yr @ \$55 | <input type="checkbox"/> 3 yr @ \$165 | | | |

Donations

In addition to my membership fee, I have enclosed a donation in the amount of:

\$50 \$100 \$250 \$500 \$1,000 \$5,000 Other: _____

Please send me a monthly donor sign-up form.

Please send my receipt by email. *Official tax receipts are provided for donations over \$20.*

Mail to: SSI Conservancy, 265 Blackburn Road, Salt Spring Island, BC V8K 2B8