



**Membership Form**  
**Agassiz-Harrison Community Services Society (AHCSS)**

Yes, I would like a membership to support AHCSS:

New membership	<input type="checkbox"/>	Membership renewal	<input type="checkbox"/>
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Please note that Annual Membership runs from January 1<sup>st</sup> to December 31<sup>st</sup> each year. Your membership must be renewed on an annual basis.

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NAME

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ADDRESS (please include P.O. Box if applicable)

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PHONE: (Home)

PHONE: (Business)

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EMAIL ADDRESS

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SIGNATURE

DATE

Membership Fee Paid :

Single Membership	\$10	<input type="checkbox"/>
Family Membership	\$20	<input type="checkbox"/>
Business Membership	\$20	<input type="checkbox"/>
Service Organization	\$20	<input type="checkbox"/>

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Office use only: Date entered: \_\_\_\_\_ Date Receipt mailed: \_\_\_\_\_

Expiry Date of Membership: \_\_\_\_\_