

## MEMBERSHIP APPLICATION

DATE:	
ame(s):	Name(s):
usiness (if applicable):	Business (if appli
reet Address:	Street Address:
ostal Code: V9P Telephone ()	Postal Code:
Mail(s):	E-Mail(s):
Mail(s):	E-Mail(s):
By checking this box, I/we acknowledge that The FCA collects and maintains only the above personal ormation relating to its members. This information is confidential and is used for the purposes of contacting mbers concerning FCA business including notices of meetings, newsletters and other communications. Independent of the Association and the Membership Committee, is intained privately and is never shared with third parties.	information relating members concernin Members' informati
ease mark your payment choice:	Please mark your

1 Year Term \$25.00

3 Year Term \$60.00

## eTransfer:

eTransfer your payment to treasurer@fairwindscommunityassociation.org.

Please include your name and address in the e-transfer form.

## Via Mail:

Complete this form and mail it to us with your cheque. Our address is Fairwinds Community Association, PO Box 281, Nanoose Bay, BC V9P 9J9

(Please do NOT drop off forms or payments at any other Fairwinds' locations for delivery to FCA)