

MEMBERSHIP FORM

ANNUAL MEMBERSHIP FEE: \$ 10.00 **Date:** _____

I would like to add a tax deductible gift of: \$ _____

TOTAL ENCLOSED: \$ _____

Name: _____

Address: _____

City: _____ **Postal Code:** _____ **Tel:** _____

Email Address: _____ **Signature:** _____

Credit Card: Visa/MasterCard #: _____ **Expiry Date:** _____

I am a DAS-OLGCS Volunteer

I would like to become a Volunteer

Parish (Optional): _____

Affiliations: Catholic Women's League: _____
(Optional)

Knights of Columbus (Council #/Name): _____

Charity Registration No. 889021593 RR0001. Tax receipts will be issued for donations only and not memberships. Please make cheques payable to: **Domestic Abuse Services - OLGCS**