



SCCA Membership Form

Date: _____

Name: _____
(individual or group/business)

Additional Names: _____
(for family memberships only)

Contact Person: _____
(for groups/businesses)

Mailing Address: _____

Email Address: _____

Phone/Fax: _____

Check Membership Type: (Note: Each individual, family, group or business has one vote at a general meeting.)

- Individual** - \$20
- Family** - \$30
- Nonprofit Group** - \$40
- Business** - \$100

Membership fee: \$ _____

Donation: \$ _____

Total enclosed: \$ _____

Are you a new member or renewing? New (welcome!) Renewal (welcome back!)

The purpose of the Sunshine Coast Conservation Association is to preserve the natural biodiversity of the Sunshine Coast region for the present and future benefit of humanity and all life.

I accept the purpose of the SCCA. Signature: _____

I would like to volunteer. There are many ways to help out! Please consider joining the events, grant-writing, publicity or issues committee, or let us know another way you would like to help:

Thank you for joining!

Please make cheques payable to the SCCA.

Sunshine Coast Conservation Association, PO Box 1969, Sechelt, BC V0N 3A0 www.thescca.ca

The SCCA is a non-profit society and a registered charity. (Charity # 87322 0446 RR0001)

For office use:

Payment method: _____ Received by: _____ Date: _____