

New Heights Autism Support Society - Membership Form

Contact Information (Please print clearly):

Name	
Address	
Phone	
Email	

Membership (Please choose one):

Initial by Choice	Membership Type	Price per Membership	Benefits attributed to membership
	<i>Individual</i>	\$10.00	<ul style="list-style-type: none"> Vote/proxy for Annual General Meeting Newsletter subscription (monthly, plus special editions) Eligible for seat on the Board of Directors (ask Manager for more information) Acknowledgement as Member at AGM as member in AGM package
	<i>Business</i>	\$25.00	<ul style="list-style-type: none"> One Vote/proxy for Annual General Meeting “Sponsor” advertisement on website, 3 newsletters per year, including one business write-up in newsletter & on FB page at time of sign-up Newsletter subscription (monthly, plus special editions) Eligible for one seat on the Board of Directors (ask Manager for more information)
	<i>Corporate Membership</i>	\$50.00	<ul style="list-style-type: none"> One Vote/proxy for Annual General Meeting “Sponsor” advertisement on website, 6 newsletters per year Newsletter subscription (monthly, plus special editions) including one business write-up in newsletter & on FB page at time of sign-up Eligible for one seat on the Board of Directors (ask Manager for more information)

Method of Payment		Cheque or Money Order (an invoice will be emailed to you)
		Email Transfer to finance@nhass.ca (an invoice will be emailed to you)
		Cash

Signed on this _____ day of _____, 20_____.

Signature: _____

I do not wish to be acknowledged in the AGM package.

(Initials)