



MEMBERSHIP APPLICATION / AGREEMENT

NAME _____

ADDRESS (Street, City, Postal Code) _____

TELEPHONE / HOME _____ CELL / WORK _____

E-MAIL ADDRESS _____

- ☐ I support the mission, purpose, vision and values of L'ARCHE AVALON as outlined on their website (<https://larcheavalon.ca/about-larche/about-us>)
- ☐ I agree to receive communications via email from L'ARCHE AVALON (includes newsletters, updates, etc.)
- ☐ I give L'ARCHE AVALON permission to use any photos of me taken at the gatherings, events and other activities in their publications and social media
- ☐ I understand that my consent to receive communications by email as well as usage of photos/videos can be withdrawn by me at any time in writing/email to L'ARCHE AVALON

Signed _____

Date _____

L'ARCHE AVALON Incorporated is a registered charitable organization.

Canada Revenue Agency Registration Number - 81025 5042 RR0001

Donations are welcomed. Tax receipts issued upon request for donations of \$20 or more.

L'ARCHE AVALON respects your privacy and will not share your contact information with any other organization or person.

Membership fee: \$20 for individual or family, payable by cash or cheque to L'Arche Avalon, address below or by e-transfer to treasurer@larcheavalon.ca, with the security word "membership".

Benefit of membership includes one vote at L'ARCHE AVALON's Annual General Meeting, provided membership is held 6 weeks before the AGM. Membership is valid for the current calendar year, expiring December 31st.

Date Received _____ Processed by _____ Receipt # _____

Email: office@larcheavalon.ca Website: <https://larcheavalon.ca>

P.O. Box 1573, Stn C, St. John's, NL, A1C 5P3