



THE ANNUAL INDIVIDUAL MEMBERSHIP FEE IS \$5.00 PER PERSON AND IS FOR FISCAL YEAR **APRIL 1, 2016 TO MARCH 31, 2017**. APPLICATION FOR MEMBERSHIP OR RENEWAL OF MEMBERSHIP CAN BE MADE BY FILLING OUT THIS FORM AND RETURNING IT, TOGETHER WITH THE FEE, TO THE HEAD OFFICE OF THE SOCIETY.

AS PER THE BYLAWS OF LANGLEY ASSOCIATION FOR COMMUNITY LIVING: **Part 2, 2.6: "Employees of the Society and their spouses, parents, children and significant others shall not be eligible for membership in the Society"**.

PLEASE NOTE: MORE THAN ONE NAME CAN BE INCLUDED ON EACH FORM.

NAME(S): (PLEASE PRINT) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_

TO ENSURE THAT MEMBERS RECEIVE INFORMATION ABOUT EVENTS, NEWSLETTERS ETC, THE ASSOCIATION IS NOW USING EMAIL AS OUR PRIME MEANS OF CONTACT. THIS ALSO KEEPS COSTS DOWN. IF POSSIBLE, PLEASE PROVIDE YOUR CONSENT TO USE YOUR EMAIL ADDRESS BY COMPLETING THE SECTION BELOW. YOUR EMAIL ADDRESS WILL BE KEPT IN THE STRICTEST CONFIDENCE AND NOT SHARED WITH ANY OTHER ORGANIZATION, COMPANY, GROUP OR INDIVIDUAL WITHOUT YOUR EXPRESS WRITTEN CONSENT.

**BE SURE TO LET US KNOW IF YOUR EMAIL ADDRESS CHANGES AT ANY TIME. IF YOU DECIDE IN THE FUTURE THAT YOU NO LONGER WISH THE ASSOCIATION TO COMMUNICATE WITH YOU VIA EMAIL, PLEASE SEND YOUR REQUEST TO [main@langleyacl.com](mailto:main@langleyacl.com) AND PUT "REQUEST TO REMOVE EMAIL ADDRESS" IN THE SUBJECT BOX.**

**EMAIL CONSENT:**

I GIVE MY CONSENT FOR LANGLEY ASSOCIATION FOR COMMUNITY LIVING TO USE MY EMAIL ADDRESS AS A MEANS OF COMMUNICATION. I ACKNOWLEDGE THAT AT ANY TIME, BY EMAIL OR IN WRITING TO THE ASSOCIATION, I CAN REQUEST THAT MY EMAIL ADDRESS BE REMOVED FROM THE ASSOCIATION'S RECORDS.

EMAIL ADDRESS(S): \_\_\_\_\_

(Please Print As Clearly As Possible)

SIGNATURE(S): \_\_\_\_\_  
(per email address) \_\_\_\_\_

DATE: \_\_\_\_\_ NEW  RENEWAL  SIGNATURE: \_\_\_\_\_

***In accordance with the Personal Information Protection Act, Langley Association for Community Living will protect any information supplied to the Association on this form by any individual(s) and will not disclose by any means the information contained on this form without the written consent of the individual(s).***

FOR OFFICE USE: MEMBERSHIP APPROVED: YES  NO  \_\_\_\_\_  
(Membership Secretary Signature)