



CCVO
 CALGARY
 CHAMBER of
 VOLUNTARY
 ORGANIZATIONS

MEMBERSHIP APPLICATION

Please complete this form and mail / fax to:
 Calgary Chamber of Voluntary Organizations
 Suite #940, 1202 Centre Street SE • Calgary AB T2G 5A5
 Phone: (403) 261-6655 • Fax: (403) 261-6602 • www.calgarycvo.org

Membership to April 30, 2009

Both Members and Associates are welcome to provide additional funds to support CCVO initiatives.

We Wish to Register as a:

Member: (voting)	<input type="checkbox"/> Registered Charity	<input type="checkbox"/> \$50 per year (operating budget less than \$500,000)	
	<input type="checkbox"/> Not-For-Profit Organization	<input type="checkbox"/> \$250 per year (operating budget \$500,000 - \$1,500,000)	
		<input type="checkbox"/> \$500 per year (operating budget over \$1,500,000)	\$ _____
Associate: (non-voting)	<input type="checkbox"/> Individual	<input type="checkbox"/> \$100 per year	
	<input type="checkbox"/> Business		\$ _____
	<input type="checkbox"/> Government Agency		
Sustainer:	<input type="checkbox"/> Sustaining Member [charity or not-for-profit]	<input type="checkbox"/> \$1,000 per year	<input type="checkbox"/> \$5,000 per year
	<input type="checkbox"/> Sustaining Associate [individual, business, government]	<input type="checkbox"/> \$2,500 per year	<input type="checkbox"/> Other
			\$ _____

We wish to take advantage of the introductory membership rate to reduce our first year fees by 50% [not applicable for Sustaining Members/Associates]. \$ ()

We wish to make a donation [tax deductible receipt will be issued]. \$ _____

Total \$ _____

1. Payment Options

- Cheque enclosed (Payable to "Calgary Chamber of Voluntary Organizations")
- Visa MasterCard Name on Card _____
 Card # _____ Exp Date ____/____

2. Contact Information

Name: _____ Phone: () ____ - ____
 Title: _____ Fax: () ____ - ____
 Organization: _____ E-mail: _____
 [If a registered charity, please provide legal name registered with the Canada Revenue Agency] _____
 Charitable # (if applicable) _____
 Address: _____

4. Authorization Signature _____ Date _____

We do not want our organization name to be listed in CCVO membership lists (web and print):

Privacy Policy – We protect your personal information and adhere to all legislative requirements in protecting privacy. Your name, address and other information provided will be used only to deliver services and keep you informed of CCVO activities. Please contact us if you wish to be removed from our mailing list.

Reason for Joining

(check all that apply):

- Networking
- Learning opportunities
- Sector representation
- Member benefits
- Research
- Other: _____

Member Referral

[Referring members receive two passes to a CCVO event of choice]

- We were referred by the following CCVO member: _____