



# Community Integration Services Society Membership Form

Thank you for supporting CISS through your membership.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please select your payment option for the \$20 annual membership fee:

- Payment by cheque
- Payment by cash
- Tax Receipt

I would like information regarding membership and upcoming events sent to me by:

- Mail
- Email

Completed form and payment may be dropped off in person or sent by mail to:

**Community Integration Services Society**

200-3003 St. John's Street  
Port Moody, BC V3H 2C4

**Shari Mahar, Executive Director**

Phone: 604.461.2131 Fax: 604.931.1690

Email: [shari.mahar@communityintegration.org](mailto:shari.mahar@communityintegration.org)

[www.communityintegration.org](http://www.communityintegration.org)