



South Island Pride Community Centre Society

Membership Application Form

*The information on this form is for membership purposes only,
and will not be provided to any individual or organization without your prior consent.*

Personal Information

New Membership Renewal Membership

Date: _____

Name: _____ DOB: _____

Mailing Address: _____

City: _____ Prov: _____ PC: _____

Phone: (home) _____ (cell) _____

Email: _____

Would you like to be added to the South Island Pride Community Centre email list?

Yes No

Please check the box(es) where an LGBTQ friendly message may be left.

Phone Cell Email Address

Since the South Island Pride Community Centre is a new and evolving project, we would like to know what services you would like to see offered.

Would you be interested in receiving information about Volunteer opportunities?

Yes No

Would you be interested in making a donation to the South Island Pride Community Centre? Yes Amt: _____ No

Tax receipts will be emailed to you via the email address above. Thank you.