



Membership Form

Name: _____

Street Address: _____

City: _____ Province: _____ P/C: _____

Phone: _____ Email address: _____

Members will receive a semi-annual Member Newsletter in November and May

Type of Membership

Date Purchased: _____

Expiry date: _____

Renewal

New Member

Individual Annual----- \$10.00

Individual Lifetime ----- \$100.00

Family Annual*----- \$15.00

Family Lifetime* ----- \$150.00

***Names of all adults to be included within family membership:**

I am interested in learning more ways to give to COHA

I would like to volunteer with COHA

Payment Type

Cash **Debit** **Cheque** **Visa** **MC**

Credit Card Number _____ Expiry Date _____

Name Appearing on the Card _____ CVC _____

Authorized Signature _____

Authorization # _____ Date Processed _____

