

### Membership Form

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ P/C: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

### 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

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#### Payment Type

Cash     Debit     Cheque     Visa     MC

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name Appearing on the Card \_\_\_\_\_ CVC \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Authorization # \_\_\_\_\_ Date Processed \_\_\_\_\_