



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

Payment Type

Cash

Debit

Cheque

Visa

MC

Credit Card Number _____ Expiry Date _____

Name Appearing on the Card _____ CVC _____

Authorized Signature _____

Authorization # _____ Date Processed _____

