

Membership Form

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email Address: _____

Date Purchased: _____ Expiry Date: _____

Type of Membership

- | | |
|--|---|
| <input type="checkbox"/> Individual Annual ----- \$10.00 | <input type="checkbox"/> Individual Lifetime ----- \$100.00 |
| <input type="checkbox"/> Family Annual * ----- \$15.00 | <input type="checkbox"/> Family Lifetime * ----- \$150.00 |

Renewal

New Member

*Names of all adults to be included within family membership. There is only one vote per 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 _____