People In Motion
Opening Doors Today
to Create a Better Tomorrow
for People with Disabilities

United Way
Member Agency

Phone/TDD: 250.376.7878
Fax: 250.376.4689
Toll Free: 1.877.414.4241
E-mail: information@peopleinmotion.org
Website:www.peopleinmotion.org

182B Tranquille Road
Kamloops, BC V2B 3G1

MEMBERSHIP APPLICATION INDIVIDUAL, FAMILY & LIFETIME

NAME: _____ M _____ F _____
Last First Middle Initial

ADDRESS: _____

CITY: _____ **PROVINCE** _____ **POSTAL CODE** _____

TELEPHONE: **RESIDENCE** _____ **BUSINESS** _____
FAX _____ **TDD/TTY** _____
E-mail _____

BIRTHDATE: (optional) _____ _____ _____
Month Day Year

Do you have a disability? If yes, Please specify: _____
_____

MEMBERSHIP CATEGORY:

INDIVIDUAL Membership	$ 10.00 Enclosed	$ _____
+ **FAMILY** Membership	$ 15.00 Enclosed	$ _____
LIFETIME Membership	$500.00 Enclosed	$ _____
* **DONATION**	Enclosed	$ _____

* Cheques should be made payable to People In Motion. Donations of $500.00 or more automatically confers a lifetime membership. Donations of any size always gratefully received.

+ FAMILY Membership: _____ number in family;
Names of family members _____ _____
_____ _____

We invite members to support People In Motion by volunteering: What would you like to volunteer for?

Fundraising: _____ Board of Directors: _____ Committee Work: _____
Office Support: _____ Cedar Creek Camp: _____ Active Living Programs: _____
Other: please specify: _____

☐ I understand the information I have provided on this form will be used for People In Motion for the purpose of agency business only and is protected by their Privacy Policy.

☐ I consent to the use, for promotional purposes, of my (my family's) photograph should my/our picture be taken at a People In Motion event.

_____ _____
Signature Date

FOR OFFICE USE ONLY **Credit Card** ___ **Debit** ____ **NEW** ____

CARD & RECEIPT _____ **DATE** _____ **CHEQUE** _____ **CASH** _____ **RENEWAL** ____