

## Literacy Alberni Society 2024-2025 Membership Application Form

Last Name:	First Name:
Address:	
City:	Postal Code:
Primary Phone Number:	Cell Phone:
I certify that I am age 16	years or older and eligible to vote in society elections: YES NO (please circle one)
Please circle one: Ne	w Membership Renewal of existing Membership
${\it Iagree\ to\ allow\ communications}$	to be sent to me through this email address and to allow Literacy Alberni to contact me using the contact derstand that I can change this decision at any time by contacting the office or unsubscribing online.
Constitution of Literacy Society's Members set f	y. I declare that I have read or have reasonable knowledge of the Bylaws and Alberni Society and am aware of the rights and obligations of all Literacy Alberni orth in the Constitution and Bylaws of the Society. I am aware that I am eligible to society if I am 18 years old or older.
provided on this application understand the fee to application submission of 31 <sup>st</sup> of each year, with membership within 6 membership, as outlined standing to vote at Gene Society. New membership eligible to vote at that membership within the standing to vote at that membership within the standing to vote at that membership eligible to vote at that membership within the standing to vote at the	, acknowledge that I understand this form and that the information I have tion form is true and correct. I accept membership to Literacy Alberni Society and become a member of Literacy Alberni Society is \$10.00 per year, due at time of the yearly renewal request. Literacy Alberni Society's Financial Year-End date is August new memberships starting September 1st of each year. Members who do not renew months after August 31st will be terminated as members and must reapply for do in the Bylaws of Literacy Alberni Society. Members must renew and be in good ral or Special meetings of the Society, as outlined in the Bylaws of the Literacy Alberni ps must have been approved 30 days prior to AGM or Special Meeting Dates to be seeting. Returning members not in good standing who have not exceeded the 6-month pay their membership fees at the AGM or other Meetings of Literacy Alberni Society to at that meeting.
Applicant Signature	Date
For Office Use Only: Method of P	ayment: Collected by:
Date Presented to Board:	Accepted / Denied membership to Literacy Alberni Society (circle one) Entered to
Membership List	Entered to Mailchimp