



# MEMBERSHIP APPLICATION

**PLEASE PRINT**

**Membership**

1 year  
\$10.00

2 years  
\$18.00

3 years  
\$26.00

4 years  
\$34.00

5 years  
\$42.00

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Apt # \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_

Email \_\_\_\_\_  I would like to subscribe to the Indus e-newsletter.

## PAYMENT INFORMATION

**Membership begins from the date of receipt of the membership application for the duration of the membership applied for and is subject to approval by the Governance Committee and would be in consonance with the organization's bylaws. Please select one of the following methods of payment:**

I authorize Indus Community Services to charge the amount specified above to my credit card upon my membership approval.

Visa  Mastercard Name on the card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_ \*CVV #: \_\_\_\_\_

\*The Card Security Number is the 3-digit number located on the back of your card, usually at the top of the signature strip. By including it with your transaction, you can help protect your account from fraud and you give us one more way of being sure your transaction is legitimate.

Signature: \_\_\_\_\_

I have enclosed a cheque made payable to Indus Community Services.

I prefer to pay by cash. *(In person only)*

Along with my membership fee, I would like to include a donation in the amount of \$  to support Indus. Tax receipts issued for gifts of \$25 or more. Charitable Registration No. 10750 5810 RR0001.

I have included a gift to Indus Community Services in my will and you may contact me for details.

Please send me information about how to leave a legacy gift to Indus Community Services in my will.

### Please help us get to know you better:

Profession: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Skills I can contribute to Indus: \_\_\_\_\_

Age Group:  19 - 25  26 - 35  36 - 49  50 - 59  60+

#### How did you learn about Indus Community Services?

Website  Social Media  TV/Radio  Newspaper  Flyer/Brochure  Community Event  Friends/Family

Word of Mouth  Client of our agency  Other (specify): \_\_\_\_\_

Interested in volunteering?  Yes! As a member I wish to volunteer at Indus. Please contact me about contributing my time.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form along with your payment by mail or in person to:  
Indus Community Services, 3038 Hurontario St., Suite 206, Mississauga, ON, L5B 3B9

**On behalf of Indus and all of our clients, staff and volunteers, we thank you for your support.**

Indus Community Services is committed to protecting the privacy of all information you share with us. The information collected is solely used to process memberships and to keep you informed about Indus. We do not sell, share, or rent any donor lists or information. Indus wants to ensure your utmost confidence that all the information will remain strictly confidential. From time to time, we publish the names of our members in our publications to demonstrate our appreciation. If you have any questions, please contact us at 905-275-2369, Ext. 1221.

## MEMBERSHIP APPLICATION

Office Use Only

New Member

Approved by the Governance Committee

Approval Date: \_\_\_\_\_

Payment Received/Processed Date:

\_\_\_\_\_

Renewing Member

Renewal Date: \_\_\_\_\_

Payment Received/Processed Date:

\_\_\_\_\_

Membership Number(s):

\_\_\_\_\_

Membership Start & End Date:

\_\_\_\_\_

\_\_\_\_\_

Tax Receipt and Membership Confirmation Letter provided

Entered into Sumac