



Membership and Donation Form

Please make cheques payable to MISA or Immigrant Welcome Centre.
PayPal can be accessed using the "Donate" button on our website at immigrantwelcome.ca
Tax receipts cannot be issued for membership fees.
Memberships are valid for one year.

Experts in immigrant services
since 1992

Membership fees and donations support our mission to assist local communities in attracting and retaining newcomers by providing education and professional services to members of those communities while offering advocacy for vulnerable populations and settlement services, thereby fostering welcoming and inclusive communities.

As a member you are able to vote at our Annual General Meeting (if eligible) and also receive newsletters or emails with information about upcoming activities and programs.

Campbell River

A114-740 Robron Road,
Campbell River, BC V9W 6J7
250-830-0171

Comox Valley

407A 5th Street
Courtenay, BC V9N 1J7
250-338-6359

Info@ImmigrantWelcome.ca
Form available online
www.ImmigrantWelcome.ca



FOR OFFICE USE ONLY

Date Received _____
Amount Paid _____
 Cheque Cash PayPal
Receipt Number _____
Charitable Tax Receipt _____
Database Updated _____
Thank you sent _____

I enclose: \$ _____ for Membership

Voting Member

Youth \$5.00 (1 vote) Family.. \$20.00 (2 votes)

Individual \$10.00 (1 vote) Non profit organization.. \$30.00 (1 vote)

Non Voting Member

Associate/Business: \$30.00

I enclose: \$ _____ for Donation

Would you like to receive a charitable tax receipt for your donation (\$10 or more)? Yes No
Would you like your donation to remain anonymous? Yes No

Donation of Goods or Services

Description: _____ Value \$: _____

Name: _____
Organization/Business: _____
Mailing Address: _____
City: _____ Postal Code: _____
Phone Number: _____
Email Address: _____

Would you like to be on our email list to receive information about upcoming events, programs, workshops? Yes No

Where did you hear about our organization? Family Friend/Coworker
 Newsletter Newspaper Poster/flyer Website Other _____

PRIVACY STATEMENT: MISA abides by the BC Personal Information Protection Act. The personal information you have provided will only be used for the purposes for which it was collected.

Yes, I give my permission for you to keep this information on file. I understand that I may be contacted by you regarding initiatives, programs and

No, I do not want you to keep my personal information. I understand that I will not be able to receive the newsletter or other notices.

Signature: _____ Date _____