

Application for Individual Membership in Profitable Giving Canada

New Member Last Name Firs	st Name	Middle Initials
Street Address		Apartment/Suite
City		
Dusyings	Dootal Co.	
Province	Postal Code	
Email Address:	Home Phone: ()	
	Cell Phone: ()	
	Gen i none.	
TO: Profitable Giving Canada		
I hereby apply for Individual Membership in Profitable Giving Canada (PGC). By signing below, I indicate my		
willingness to support the Goals, Mission and Objects of PGC either through active participation or passively. I		
understand that Membership is subject to the approval of the PGC Board of Directors and must be maintained on an annual basis, including payment of the annual Membership Fee. In signing this membership application, I give		
Profitable Giving Canada permission to use any and all forms of communications in correspondence with me. This		
permission extends beyond the twelve month membership period unless specifically requested otherwise in writing and formally acknowledged by PGC.		
Please tell us why you wish to join PGC:		
Thease tell us why you wish to join 1 GG.		
I wish to serve on a PGC Committee or otherwise actively become involved. Please contact me.		
APPLICANT	When comr	oleted, mail the application, along with the
ALLEGARI		al fee, to the following address:
	Description C	2
	380 Welling	Giving Canada aton Street
(Print Name)	Tower B, 6 ^t	^h Floor, Suite 600
	London, Or	ntario N6A 5B5
	Make chequ	ues payable to "Profitable Giving Canada".
(Signature)		d cash in the mail.
		oved, your membership will be registered you will be sent your temporary username and
	password v	ria email so that you can log into the Members
Dated thisday of, 20	Section of t	he PGC website.