

RICHMOND POVERTY REDUCTION COALITION
MEMBERSHIP APPLICATION

Individual Name ☐ (First, Last) or Organization Name. ☐ (indicate by Membership Type)	
Mailing Address (Street, City, Province, Postal Code)	
Phone (home ☐ Or cell ☐)	
Email	
Membership Type (Choose applicable type)	☐ Individual (\$5.00) ☐ Organization(\$25.00) - Our designated Representative will be: _____ Their email address (if different from the one given above): _____
Date	

Handwritten applications accepted. Please enclose cheque or money order for exact amount for membership type and mail to:

**Membership Director, Richmond Poverty Reduction Coalition,
% Richmond Food Bank Society,
100 - 5800 Cedarbridge Way,
Richmond, BC V6X 2A7**

Please note:

- 1. Completed form accompanying payment is necessary for the application process to commence.**
- 2. To be eligible to vote at our Annual General Meeting, members must have been in good standing for at least 30 days prior to the meeting.**

For Richmond Poverty Reduction Coalition Membership Director Use:

Received from: _____

Amount: _____

Date: _____ **Membership Year:** _____ **Board:** _____

Receipt: _____ **Deposit:** _____