



Membership Form

I would like to:

- renew my membership.
- become a member.

Enclosed is my annual \$10 membership fee.

I would like to make an additional donation of \$_____.

Tax receipts will be issued for fees and donations of \$10 or more.

Name: _____

Address: _____

Postal Code: _____

Telephone: _____

E-mail: _____

(Your email is never shared with any other organization, person, or business.)

Date: _____

Note: Members agree to support the mission of the Sexual Health Centre Lunenburg County. Membership entitles you to vote at any general and/or annual meeting of the LCSHC, and makes you eligible to be elected to the Board of Directors. Members may borrow resources, including reference books and videos, from our library.

Please make cheques out to: Sexual Health Centre Lunenburg County

Mail to: 4 Hillcrest Street, Unit 8
Bridgewater, NS B4V 1S9

Your membership support means a lot. Thank you very much.