



## MEMBERSHIP FORM

PRINT NAME		TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	
ADDRESS			
		POSTAL CODE	
HOME PHONE	CELL PHONE	BUSINESS PHONE NO	
OCCUPATION		E-MAIL ADDRESS	
APPLICANT'S SIGNATURE		DATE	

Individual

Corporate

Organization

ARE YOU INTERESTED IN VOLUNTEERING AT THE AGENCY?     YES     NO  
(If yes, the Volunteer Coordinator will contact you regarding opportunities)

ARE YOU INTERESTED IN BEING A MEMBER OF THE BOARD OF DIRECTORS?     YES     NO  
(If yes, the Chair of the Board of Directors will contact you)

**DONATIONS** are crucial to the work of Blood Ties Four Directions. Private donations such as yours help Blood Ties to continue our important programs and services. Your donation supports programs and services benefiting HIV and Hepatitis C positive Yukoners and helps increase the stability of Blood Ties programs.

\$25     \$50     \$100     \$200     OTHER

Receipt Required:     Yes     No

**Blood Ties Four Directions Centre**  
307 Strickland St., Whitehorse, YUKON, Y1A 2J9  
867-633-2437, Toll Free 1-877-333-2437, Fax 867-633-2447  
Email: [bloodties@klondiker.com](mailto:bloodties@klondiker.com)  
Memberships expire on May 31<sup>st</sup>

### OFFICE USE ONLY

APPLICATION APPROVED BY (Board Member or Executive Director):	MEMBERSHIP ACTIVE DATE:
	MEMBERSHIP EXPIRY DATE: MAY 31, _____