

MEMBERSHIP APPLICATION 2025

GENERAL INFORMATION	
LAST NAME:	FIRST NAME:
ADDRESS:	
CITY:	POSTAL CODE:
PHONE: (H)	PHONE: (C)
EMAIL ADDRESS:	
MEMBERSHIP INFORMATION (Please select membership opportunity)	
o Executive Member (\$75.00/year)	o General Member (\$50.00/year)
 Membership fees can be paid via: Email transfer to info@cvperformingarts.ca (note: please provide full name and either "Membership or Donation" in comment box for email transfer or mail cheque and application to CVPAF PO Box 366 Duncan, BC V9L 	
COMMITTEE INVOLVEMENT	
 Yes, I would be interested in helping with one of the committees Gala Committee 50/50 Organizing Member 50/50 Selling at year end shows Music Instrument Library Co-ordinator Grant Writer Presenter for Funding (100 Women, 100 Men, City Presentations Not at this time I am unable to join a committee but can help out in other ways (please specify): 	
MEMBERSHIP AGREEMENT	
I,, hereby acknowledge that I have fully read the attached Code of Ethics Agreement and recognize that is intended to uphold the integrity of this Foundation and its members.	
MEMBER SIGNATURE:	DATE:
Please e-transfer your membership fee to info@cvperformingarts.ca.	