

# MEMBERSHIP FORM

*You are invited and encouraged to become a member of the*

*Coalition of Concerned Citizens Inc.*

*Please click the link below for our principles and more information on the organization:  
<http://coalitionnb.com/principles>*

NAME _____	
ADDRESS _____ City, Prov, P/C _____	
HOME PHONE # ( ) _____	Business Phone #: (506) _____
EMAIL ADDRESS _____	
_____	_____
(Signature of Applicant) (date)	
-----	
ANNUAL MEMBERSHIP DUES (\$100.00) Date: _____	
_____ New Membership	_____ Renewal Membership
	_____ Donation
<i>**Membership will include access to minutes of meetings and invitation to meetings</i>	
Membership amount:	\$ _____
I'd like to make an additional gift of:	\$ _____
Total:	\$ _____
Payment method – check one:	
Cheque: _____	Credit Card (Visa, Mastercard): _____
	C/C #: _____ - _____ - _____
Expiration date: _____	CVS#: _____

Return with payment to: Coalition of Concerned Citizens Inc., PO Box 804-Stn A,  
 Fredericton, NB E3B 5B4

*-for office use only-*

*Membership date:*

*Date Paid:*

*Amount:*