

Yellowknife Association for Community Living Membership Form

Name _____

Mailing Address (Street/PO Box, Postal Code)

Delivery Address (If Different) _____

Phone Number (Work) _____
(Home) _____
(Other) _____

Fax Number _____

Email _____

**We appreciate your becoming a member of the Yellowknife Association for
Community Living.**

Below are areas that you might want to become involved in. If you have an interest in
any of these areas please check them.

- | | |
|---|---|
| <input type="checkbox"/> Serving as a Board member | <input type="checkbox"/> Audit committee |
| <input type="checkbox"/> Serving on a committee | <input type="checkbox"/> Nominating committee |
| <input type="checkbox"/> Building committee, | <input type="checkbox"/> Helping with Special Events |
| <input type="checkbox"/> Policy and Governance | <input type="checkbox"/> Helping with Website management |
| <input type="checkbox"/> Communications and Public | <input type="checkbox"/> Helping create publications |
| <input type="checkbox"/> Relations | <input type="checkbox"/> Volunteers for direct support for |
| <input type="checkbox"/> FASD Programs | <input type="checkbox"/> individuals in programs |
| <input type="checkbox"/> Family Project and Respite | <input type="checkbox"/> Sharing of any Special Talents you |
| <input type="checkbox"/> Services | <input type="checkbox"/> may have – crafts, music, etc. |
| <input type="checkbox"/> Volunteer Development | _____ |
| <input type="checkbox"/> Fundraising | |

Other _____

Membership dues (\$10.00) Paid _____ Date _____

Yellowknife Association for Community Living
4912 – 53rd Street
P.O. Box 981
Yellowknife, NT X1A 2N7

