



Mission Association for Community Living

APPLICATION FOR MEMBERSHIP

MACL's Vision Statement: Our vision is an inclusive and caring community where each person has choices, opportunities and a fulfilling quality of life.

MACL's Mission Statement: Our purpose is to support individuals with developmental disabilities, children who require extra support and their families.

If you support the Vision and Mission statements of Mission Association for Community Living, and you wish to become a member of MACL, please complete the application form. *Membership applications are reviewed at each regular meeting of the MACL Board of Directors. Administration staff will contact you after your application has been reviewed and approved. We thank you for your interest in supporting MACL.*

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

E-mail: _____

I HAVE READ, UNDERSTOOD AND SUPPORT THE VISION AND MISSION STATEMENTS OF MACL. I WISH TO APPLY TO BE A MEMBER.

Signature: _____

Date: _____

All members are requested to attend our AGM. There is no annual fee for membership in MACL, however, we appreciate your single or monthly donation.

Single Donation amount: \$ _____

Tax receipt requested? Yes No

Please send me information via Mail E-mail

About: (Check all that apply)

MACL Newsletter (quarterly)

Notice of MACL Events

Notice of MACL Program Requests

Notice of Volunteer Opportunities

MACL Annual Report

Or: I do not want to be on a mailing list and only wish to be informed of the Annual General Meeting

I WANT TO BE A MONTHLY DONOR! YES!

\$10 \$20 \$30 \$40

\$50 \$60 \$80 \$100

Or: _____/Month

Someone from MACL will contact shortly to arrange the set up for your monthly withdrawal.

OFFICE USE ONLY

Application for MACL Membership is Accepted:

CEO: _____

Date: _____