



Membership Form

Become a Member of the Etobicoke Humane Society and you will help contribute to the progress of our mission, to protect, care for, and advance the welfare of animals.

Member Responsibilities:

- Electing the Board of Directors;
- Approving the financial statements;
- Approving the bylaws; and
- Appointing the external auditors.

Members Receive:

- Invitation to the Annual General Meeting and to any member town hall
- Access to the EHS Intranet for
 - Board of Director Meeting Minutes
 - Monthly Financial Statements
 - Regular email updates

General Membership: \$50 per year Senior (65+): \$40 per year

By completing this membership application I confirm that I (1) support the EHS mission statement
(2) have not been convicted of any offence pertaining to animal welfare

PLEASE NOTE:

Memberships are valid for 12 months. A tax receipt will be issued. The most secure and efficient method of becoming a member is through Canada Helps where you will also receive a tax receipt immediately, just select #3 membership option, <https://www.canadahelps.org/en/charities/etobicokehumanesociety/>

- To pay for your membership directly to EHS by credit card, please call our office 416-249-6100 10:30-4:30 daily to process or drop by our office at 67 Six Point Road, Etobicoke.
- To pay for your membership by cash/debit or credit card in person, drop by our office at 67 Six Point Road, Etobicoke 10:30-4:30 daily to process
- If you wish to pay for your membership by cheque, please make cheque payable to the Etobicoke Humane Society and return this form with payment to 67 Six Point Road, Etobicoke, Ontario M8Z 2X3, Attention: Finance

Name: (First, Last) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Occupation and Other Skills of which could be of interest to EHS: _____

New membership applicants are subject to approval by the Board of Directors.

OFFICE ONLY: DO NOT RECORD CREDIT CARD NUMBERS. PROCESS IMMEDIATELY THROUGH POS MACHINE. ATTACH POS RECEIPT TO MEMBERSHIP FORM.

PAYMENT MADE BY: VISA ___ MASTERCARD ___ DEBIT CARD ___ CHEQUE ___ CASH ___

Fees Processed by: (OFFICE VOLUNTEER NAME)

DATE: _____