



New Membership

Renewal of Membership

Information Update

Membership No. :	Registration Date: (M) (D) (Y)
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Miss Ms. Mrs. Mr.

Name : _____
First Name Last Name

Age Group 年齡組別 Under 16 | 16-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-59 | 60-64 | Over 65

Membership Fee :
19 yr or under / (\$10) 20 yr to 59 yr / (\$20) 60 yr or Over / (\$10)

Residential Address :

Street City Province Postal Code

Mailing Address : (if different from residential address above)

Street City Province Postal Code

Contact Phone No. : _____ Email : _____

Language(s) used: Cantonese English Farsi Korean Mandarin Other _____

S.U.C.C.E.S.S. respects the privacy of its members. We collect and use members' information for administering the membership program within S.U.C.C.E.S.S. organizations and we will not disclose members' information to any third party without members' consent.
S.U.C.C.E.S.S. Membership fees are **non-refundable**.
Hereby, I give consent to S.U.C.C.E.S.S. to use my personal information provided herein for administering the membership program within S.U.C.C.E.S.S. organizations.

Signature _____ Date _____

Complete the membership registration form and enclose a cheque for membership dues payable to S.U.C.C.E.S.S. Send it to the address below:

S.U.C.C.E.S.S. Membership Program Please indicate the purpose to join membership
28 West Pender Street To support S.U.C.C.E.S.S.
Vancouver, BC To join S.U.C.C.E.S.S. programs
V6B 1R6 To enjoy membership benefits
 Others: _____

For Office Use Only					
Registration Date:	(M)	(D)	(Y)	Expiry Date	(M) (D) (Y)
Number of year(s) :	Amount Paid:			Receipt No.:	
Application Office:	Department and/or Program:			Staff Name:	

For membership inquires please contact Membership Office at 604-408-7249