



Membership Application

PLEASE PRINT CLEARLY AND FILL OUT ALL SECTIONS ON THE FORM.
Send your application with funds to: BOX 56, GABRIOLA BC V0R 1X0

Membership type:

- 1 year individual (\$25) 1 year family (\$35)
- 5 year individual (\$100) 5 year family (\$130)
- Monthly donation of \$ _____ (includes membership, min \$5/month)

Date: _____

Name(s): _____

Address: _____

City: _____ **Postal Code:** _____

Phone Number: _____

Email: _____

2nd Email (Optional, for family memberships): _____

Comments/notes: _____

*Email is used for most organizational communications, including volunteer opportunities and event and other notifications (AGM notices are also advertised in the Sounder newspaper, as required by law, and so are some events). We will never share your email address without your permission. Your personal information is collected, used and retained by GaLTT in order to communicate with you, provide membership services, and meet the requirements of our insurer, the BC Societies Act, and/or other laws or regulations. **By providing this information you consent to its collection.***

What part of our work motivated you to support GaLTT?
(check all that apply)

- Conservation work (e.g., Nature Stewards, covenants, land acquisition)
- Invasive species management and habitat restoration
- Trail building and maintenance
- Accessibility improvements for the mobility challenged
- Community engagement projects (e.g., guided/self-guided walks, public events)

Other: _____