

MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY AND FILL OUT ALL SECTIONS Send your form with funds to: BOX 56, GABRIOLA, BC V0R 1X0

membership type			
☐ 1-Year Individual \$25☐ 5-Year Individual \$100	☐ 1-Year Joint	(2 people) \$35	
☐ Monthly donation of \$			
Payment method: ☐ Cash	□ Cneque □ Square	⊢ E-transfer	
Date:			
Name (primary member):			
Name (secondary member for	or joint membership).		
rtame (eeconaary member, r	p/:		
Primary member email:			
Secondary member email (O	ptional, for joint membersh	ip):	
Address (primary member or	ıly):		
City:	Postal Code:	Phone Number:	
Volunteer interests			
	_	e your support! If you're interested in ou – we'll be in touch. (Check all that apply	y.)
☐ Trail building and maintenance ☐ Invasive plant removal and native planting			
		☐ Administrative or technical support	
		☐ Board or committee work	
☐ Event planning and suppo	rt ⊔ Comr	munity outreach and engagement	
☐ Other (please specify):			

Tax receipts: GaLTT issues charitable tax receipts for donations of \$25 or more, including membership fees. For joint memberships, a tax receipt will be issued to the primary member only.

Disclaimer: By providing your personal information to GaLTT, you agree and consent to its collection and use in accordance with GaLTT's Privacy Policy for the purpose of managing your membership. You may view our policy online at https://galtt.ca/privacy/ or request a copy by emailing info@galtt.ca.