



Membership Form

Name: _____ Telephone: _____

Address: _____

Postal Code: _____ E-Mail: _____

Please send me ***The Acorn*** by e-mail: Please send me **volunteer information**:

Membership Type: Youth (Under 16)	1 yr @ \$10 <input type="checkbox"/>	
Senior, or Low-Income	1 yr @ \$20 <input type="checkbox"/>	3 yr @ \$60 <input type="checkbox"/>
Regular Single	1 yr @ \$25 <input type="checkbox"/>	3 yr @ \$75 <input type="checkbox"/>
Regular Family	1 yr @ \$35 <input type="checkbox"/>	3 yr @ \$105 <input type="checkbox"/>
Group/School	1 yr @ \$35 <input type="checkbox"/>	3 yr @ \$105 <input type="checkbox"/>
Business	1 yr @ \$55 <input type="checkbox"/>	3 yr @ \$165 <input type="checkbox"/>

Donations:

In addition to my membership fee above, I have enclosed my donation in the amount of:

\$50 \$100 \$250 \$500 \$1,000 \$5,000 Other: _____

*Tax-deductible receipts are provided for donations over \$20

Please Mail to: SSI Conservancy, PO Box 722, Salt Spring Island, BC, V8K 2W3