

**KUU-US Crisis Line Society  
2020-2021  
Membership Application Form**

Circle one: Mr. / Mrs. / Ms.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Birth (y/m/d): \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Memberships in the KUU-US Crisis Line Society in Port Alberni, British Columbia, entails the rights, privileges and obligations set forth in the Constitution and By-laws of the Society.

I, the undersigned, acknowledge that I have read this form and the information I provided herein is true and correct. I accept membership in the KUU-US Crisis Line Society. I understand the fee to become a member of the KUU-US Crisis Line Society is \$2.00 per year, payable at time of application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***For Office Use Only***

Paid fee: \_\_\_\_\_

\_\_\_\_\_  
Signature/Collected by Administrative Secretary

Accepted/Denied, to be a member of the KUU-US Crisis Line Society.  
(circle one)

\_\_\_\_\_  
Signature of Board Member

\_\_\_\_\_  
Date