

NSRAP MEMBERSHIP APPLICATION

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This application form is for use by all potential members of NSRAP.

Please print legibly. Note that any section indicated with * are mandatory fields.
Once completed, please send to: NSRAP, 202-3115 Veith St, Halifax, NS B3K 3G9

All Applicants: Please complete the following fields.

First Name*:		
Last Name*:		
Telephone*:		
E-mail address*:		
Street address:		
City:	Postal Code:	Province:

Volunteer: Please indicate in which of the following areas you would like to volunteer.

<input type="checkbox"/> I would like to volunteer at special events (such as IDAHT).	
<input type="checkbox"/> I would like to volunteer to be on the following committee(s): <ul style="list-style-type: none"> <input type="checkbox"/> Communications (Web site, social media, newsletters, press releases) <input type="checkbox"/> Elders (advocating for queer elder health care and rights) <input type="checkbox"/> Fundraising (organizing annual gala, new initiatives) <input type="checkbox"/> Membership (recruiting members and volunteers) <input type="checkbox"/> Health (advocating for health care for all, including trans health issues) <input type="checkbox"/> Events (organizing special events such as lectures and rallies) <input type="checkbox"/> Community Centre (developing a plan for a queer community centre) <input type="checkbox"/> Outreach (ensuring NSRAP serves all of NS) <input type="checkbox"/> Education (doing workshops, presenting lectures) 	<input type="checkbox"/> I would like to <i>apply</i> to be a member of the Board of Directors: <ul style="list-style-type: none"> <input type="checkbox"/> Director <input type="checkbox"/> Chair <input type="checkbox"/> Vice-Chair <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <p>Board members should expect to volunteer a minimum of six hours a month (including meetings).</p> <p>Please include a brief letter (one page) indicating your interest in serving the board and relevant experiences.</p> <p>Note: Board members are elected at the annual general meeting. In the event of a vacancy, new applications will be considered.</p>

Equality for All

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Membership*: As a member-driven organization, NSRAP depends on the financial contributions of its members. Please read the options below and select the one which most suits your budget.

- I would like to support NSRAP with an annual donation of \$20.
- I am unable to contribute at this time but would like to be considered a member.
- I would like to support NSRAP with a monthly donation of: _____.

Payment:

- I am paying by cash.
- I am paying by cheque.
- I will pay online later at nsrap.ca.
- I am paying by credit card:

Credit card number*:			
Name on credit card*:			
Card type*:	VI – MC – AX	Expiry*:	

Your signature*:	
Today's Date*:	

Thank you! Your membership helps make NSRAP the strong organization it is and helps us to continue our advocacy and education efforts to ensure Equality for All Nova Scotians!

INTERNAL USE ONLY

Received by:		Received on:	
Entered into database:		Added to mailing list:	
Payment processed:			

Equality for All