



NOVA SCOTIA RAINBOW ACTION PROJECT MEMBERSHIP APPLICATION

This application form is for use by all new members of NSRAP.
Please print legibly. Note that any section indicated with * are mandatory fields.

Name*: _____

Telephone*: _____

E-mail address*: _____

Street address: _____

City: _____

Postal Code: _____

Province: _____

Your membership in NSRAP is a lifetime membership. If you would like to discontinue your membership we require notice in writing to nsrap@nsrap.ca

NSRAP is member-funded. Please consider making a donation at this time. Your donations directly fund advocacy, outreach, education, and political action that aim to make life better for 2SLGBTQIA+ Nova Scotians.

I am donating by cash. Donation amount: _____

I am donating by cheque. One time donation

I will donate online later at nsrap.ca. Monthly donation

By signing below, I verify that I am resident of Nova Scotia, at least 18 years of age, and I support the mission of the Nova Scotia Rainbow Action Project. I also accept and expect that my contact information will be used for communications from NSRAP.

Your signature*: _____

Today's Date*: _____

Thank you! Your membership helps make NSRAP the strong organization it is and helps us to continue our fight for equity, justice and human rights for 2SLGBTQIA+ people in Nova Scotia.