



The Association  
of Advocates  
for Care Reform

# Membership Form

*Your tax-deductible membership donation will help improve the quality of life and care for those living in residential care facilities in BC. We thank you for your support.*

Annual Membership:  New  Renewal

Name: \_\_\_\_\_

Non-Profit Organization/Company: \_\_\_\_\_

Address/Postal Code: \_\_\_\_\_

Contact Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Individual Membership – \$30/year

Non-Profit Organization Membership – \$30/year

Corporate Membership – \$50/year

In addition to my membership, I would like to make a donation of \$ \_\_\_\_\_

Receipts are issued for all membership and charitable donations.  
(Charitable Registration #13987 1925 RR0001)

Please make cheques payable to:

The Association of Advocates for Care Reform  
3348 West Broadway  
Vancouver, BC  
V6R 2B2

Please send me more information on:

The Advocates for Care Reform  Family Councils

I would like to volunteer, please call me

Please do not publish my name in your donor recognition material

ACR respects the privacy of our donors and does not share donor information with any other organization.

Office Use Only:

Dues processed \_\_\_\_\_ Data Entered \_\_\_\_\_