

Membership Form

#430, 9810 – 111 Street

Edmonton, Alberta T5K 1K1

Phone: (780)423-0896 Fax: (780)423-2467

E-Mail: mrjc@mrjc.ca Website: www.mrjc.ca

First Name: _____ Last Name: _____

Address: _____ Postal Code: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

Fax (H): _____ Fax (W): _____

Email 1: _____ Email 2: _____

As a member of MRJC I consent to receive emails from the organization. I understand that I can revoke this consent in writing at any time.

MRJC relies heavily on volunteers for the successful operation of our programs. We need volunteers not only for mediations but also for various projects and committee work.

Do you want to be considered as a volunteer with MRJC to assist in any of these areas

Board	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fund Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marketing/Promotions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Facilitator	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I consent for MRJC to send electronic messages to me Yes No

Signature of Member:

Date:

Is your \$25.00 annual membership fee attached? Yes No
(Please make cheques payable to MRJC)

I would also like to make a tax deductible donation of _____ to support the work of MRJC.