

Cordova Bay Association for Community Affairs (CBACA)

Membership Form

The larger our membership, the greater our voice with Saanich Council on issues affecting Cordova Bay.

Please check one: Renewal Member(s) ☐ New Member(s) ☐

Address: _____ Postal Code: _____

All residents, 18 years of age or older, residing at the same address, receive a membership.

Name (1): _____ E-mail: _____

Name (2): _____ E-mail: _____

Name (3): _____ E-mail: _____

Name (4): _____ E-mail: _____

Providing email addresses enables you to receive our newsletter and ongoing announcements.

Phone Numbers: _____

Membership fees are used to support the CBACA's activities on behalf of the community, provide grants to local non-profit organizations, and to increase our influence with Saanich.

Annual Cost: Only \$10.00 per household

Suggested payment options: One Year - \$10 Two Years - \$20 Three Years - \$30 Five Years - \$50

Payments will be acknowledged by email. Do you also require a receipt? YES ☐ NO ☐

1) Complete this form and send it with your cheque payable to C B A C A

- **By mail to** PO Box 53584, Victoria RPO Broadmead, BC V8X 5K2 - **OR** -
- **Deposit in** the CBACA box, Mint Health + Drugs Cordova Bay, 5166 Cordova Bay Rd - **OR** -

2) Visit www.cbaca.ca/membership for an electronic fillable form and e-transfer instructions.

To discuss advertising your business with CBACA, please email advertising@cbaca.ca.

Thank you. Your support for our community is appreciated.

Privacy Statement: Personal information is collected for the sole purpose of communicating with individuals joining or advertising with the Cordova Bay Association for Community Affairs.