



**COMMUNITY
SERVICES**

see what's possible...

1.2.3A Society Membership Application

Name: _____

Address: Home Business

Street: _____

City: _____ **Postal Code:** _____

Telephone: Home Business Cell _____

E-mail: Home Business _____

Are you currently an employee of PLEA Community Services?

Current employees are not eligible for membership

Yes

No

I heard about PLEA membership through:

Website

PLEA Staff

PLEA Member

PLEA Director/Board Member

Other (please specify) _____

I am interested in (please check all that apply):

Newsletters

Giving

Committee Member

Board Member

Other: _____

Skills I can offer as a potential committee/board member PLEA (i.e., Finance, Law, Social Services)?

I currently am or have participated as a member of the following agencies/community organizations:

I am interested in being a PLEA member because: _____

Signature: _____

Date: _____

PLEA USE ONLY:

Received by: _____

Date Received: _____

Date approved by Directors: _____

Privacy: PLEA does not share personal information with others except as may be required by law. We do not sell or share its membership or donor lists with other organizations. Fees: There are no membership fees. Members are encouraged to become donors. Donors: Are identified in our Annual Report unless anonymity is requested. Correspondence: By signing this document you agree to receive correspondence either via mail or e-mail. Please contact us should you decide to opt out in the future.