



WMÍYEFEN
Nature Sanctuary Society

New Guardian Membership / Renewal Form

Contact Information

Date: _____

Name: _____

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____

Phone: _____ **E-mail:** _____

Yes! I would like to receive WNSS email quarterly newsletters.

New Membership:

I would like to purchase a new membership.

Adult (\$30) Student/ Low Income (\$20) Family (\$45)

Society/Organization/ Business/Corporation (\$100)

Renewal:

I would like to renew my membership.

Payment Details: Total Payment is \$

Cash Cheque Credit Card E-Transfer

Credit Card #: _____

Expiry Date: _____ **CVC:** _____

Name on Card: _____

OR

Cheque #: _____ **E- Transfer Password:** _____

Please make cheques payable to and mail to:

*WMÍYEFEN Nature Sanctuary Society
1772 Millstream Rd. Victoria, BC. V9B 6E4*