

MEMBERSHIP FORM

Please choose your preferred annual membership option:

	organizations, with no fee required, your support and participation is valued. \$10 Individual Membership // Your membership dollars directly support Nelson at its Best work in the community.	
	Nelson at its Best work in the comm	pership // Your membership dollars directly support munity.
Date:		
First Name:		Last Name:
Orgar	nization or Business (if applicable):	
Email:		Phone Number:
Woul	d you like to subscribe to our email	membership list?

Membership application and fee if applicable can be dropped off in person at Nelson Community Services: 201-518 Lake St in Nelson (on the 2nd floor of the Community First Health Coop building) or mailed to Nelson at its Best c/o Nelson Community Services 201-518 Lake St, Nelson, BC V1L 4C6.