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**MEMBERSHIP APPLICATION FORM**

|  |  |
| --- | --- |
| Name |  |
| Professional Designation (if applicable) |  |
| Professional Organisation (if applicable) |  |
| Mailing Address |  |
| Phone |  |
| Email Address |  |

**Mission Statement**

To compassionately support and motivate mothers while demonstrating commitment, excellence, confidentiality, integrity, acceptance and non-judgment in everything we do.

**Yearly Individual Membership ($25.00 renewable in February of each year)**

I, the undersigned, declare my support of the Vision and Mission Statements of Spectrum Support Group, as found above.

A copy of the Constitution and By Laws is available upon request.

Date

Please submit this form, together with a cheque for $25 made payable to

Spectrum Mothers Support Society

1314 East 29th Street, North Vancouver, BC V7J 1T1.