

MAIL-IN MEMBERSHIP FORM



Canadian Civil Liberties Association (CCLA)

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

How did you hear about CCLA? _____

Annual Membership dues: Regular \$75, Student \$10 Please choose your Support Level:

\$10 Student \$75 Regular \$150 Sustaining \$Other _____

Payment Options

Cheque (please make payable to CCLA) Visa Mastercard

Card Number _____ Expiry Date ____ / ____

Name On Card _____ Signature _____

Monthly Gift

I want to assist CCLA with a pre-authorized monthly gift of:

\$10 \$15 \$25 \$50 \$ Other _____

My credit card account will be debited with the amount indicated before the 15th day of each month. I can change or cancel this contribution at any time.

Cheque marked VOID enclosed Visa Mastercard

Card Number _____ Expiry Date ____ / ____

Name On Card _____ Signature _____

PLEASE NOTE: membership dues & donations to CCLA are NOT tax-receiptable.

PLEASE PRINT OUT THIS FORM AND FAX IT OR MAIL IT WITH YOUR PAYMENT TO:

Canadian Civil Liberties Association
506 - 360 Bloor St. West
Toronto, Ontario M5S 1X1
Fax 416-861-1291

For more information call 416-363-0321 or Email us at mail@ccla.org

As a member, you will receive a regular e-bulletins and the occasional e-mail update or alert. To opt out of this service please check here . On occasion, this organization exchanges the names of supporters with other like-minded non-profit organizations. If you do not want us to trade your name with other organizations, please check here