

Salt Spring Island Monetary Foundation

Application to become a member (please print)

I, _____ (Name)

of _____ (Address)

(_____) - _____ (Telephone) (_____) - _____ (Fax)

_____ @ _____ (Email)

hereby apply to be a member of the Salt Spring Island Monetary Foundation. Upon acceptance I agree to uphold the constitution and comply with the bylaws of the Salt Spring Island Monetary Foundation.

Signature: _____ Date: _____

Please mail Application to:

SS IMF c/o Box 709,

Salt Spring Island, BC, Canada,

V8K 2W3

Accepted by the Board of Directors: _____

Date: _____.