

Cedar Community Hall Association
MEMBERSHIP APPLICATION

By completing the following membership application and paying the appropriate fee, I certify that I am a permanent resident of the Cedar Community Hall Association membership catchment area meaning that I live in one of the districts of Bright, Cedar, Cranberry and North Oyster.

Name:	Phone:	
Please use a separ	ate form for each indi	vidual applying for a membership.
Street:	City:	Postal Code:
Email Address:		
Date of Application:	\$5 Cash	or Cheque Payable to: Cedar Community Hall
Document Used for ID:		
☐ I would like to volunteer an	nd am interested in the	following areas:
<del></del>		
Signature of Applicant:		Signature of Coder Hell Depresentatives
Signature of Applicant.		Signature of Cedar Hall Representative:
Date Application Received at CCH:	Date Me	embership Approved at CCHA Board:
of Privacy Act (British Columbia). The infor	mation will be used only for the	hority of Section 26 of <u>the Freedom of Information and Protection</u> e purpose of contacting members of the Cedar Community Hall f this information, contact the FOIP Office at 250-387-9843.
	RECEII	PT
		has paid Cedar Community Hall Association and this of CCHA as a member of the Association.
The membership referred to abo	ove expires on	
(Please keen this receipt as proof of m	nembershin which may be r	required at meetings of the Association )