MEMBERSHIP APPLICATION FORM

Please complete this form in full and submit by mail or via email as noted below.

Name:

Address:

City: Province: Postal Code:

Telephone (home): Mobile:

Email:

Employer: ◯ PHS Community Services Society (Non-Voting Membership)
◯ Other (Voting Membership)

Signature:

☐ I consent to receive electronic communications from PHS

Please send completed application to:

PHS Board of Directors
425 Carrall St. Unit 90 Mezzanine
Vancouver BC V6B 6E3
Or email to Chair@PHS.ca

Date Approved by Board:

Notes: