



PRIDE SOCIETY  
OF THE COMOX VALLEY

MEMBERSHIP REQUEST  
PRIDE SOCIETY OF THE COMOX VALLEY

*(Items marked with an asterisk \* are required in order to process your request)*

\*First name ..... \*Last name .....

Pronouns used (optional) .....

\* Preferred contact method – please supply at least one below:

Email .....

Mailing address .....

Text or  phone call .....

\* Please indicate which membership category you are requesting. \*You must be at least 16 years of age\* in order to become a member of the Society. If affordability is an issue, please check “Other” and the amount that you wish to pay.

\$5 – Youth (16-18 years)

\$10 – Adult

Other amount – Youth \$\_\_\_\_\_ Adult \$\_\_\_\_\_

\$100 - Business or Organization *(Includes listing on our website. Please supply name, address and website below)*

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By signing, I certify that the information above is correct. I agree to abide by the [Bylaws](#) of the Pride Society of the Comox Valley in order to maintain my membership for the calendar year in which I am making this request.

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Your signature

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Date requested