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 **MEMBERSHIP APPLICATION FORM**

|  |  |
| --- | --- |
| Name |  |
| Professional Designation (if applicable) |  |
| Professional Organization (if applicable) |  |
| Mailing Address |  |
| Phone |  |
| Email Address |  |

**Mission Statement**

To compassionately support and motivate mothers while demonstrating commitment, excellence, confidentiality, integrity, acceptance and non-judgment in everything we do.

**Yearly Individual Membership ($25.00 renewable in February of each year)**

I, the undersigned, declare my support of the Vision and Mission Statements of Spectrum Support Group, as found above.

A copy of the Constitution and By Laws is available upon request.

Date

Please use the Subscribe button on the website to pay the $25.00 membership fee

or mail to Spectrum Mothers Support Society, PO Box 16132, Lynn Valley, North Vancouver, BC V7J 3S9