

Members of Options for Sexual Health agree to uphold Options for Sexual Health's purposes (I.E. mission and vision as outlined in the Constitution and Bylaws of the society. By submitting this membership form you agree to support the mission and vision of Options for Sexual Health:

Mission Statement

To champion and celebrate the sexual health of all people in BC by supporting, providing, and promoting inclusive and accessible health care and education.

Vision Statement

To be trusted and innovative leaders in a world that honours sexuality and its diversity.

Member Information

Full Name: _____ Date: _____
Last First

Address*: _____
Street Address Apartment/Unit #

_____ **BC** _____
City Province Postal Code

Phone: _____ Email: _____ Signature: _____
If completing this form electronically type name here in lieu of handwritten signature

Have you ever worked for Options for Sexual Health? YES NO
 If yes, when? _____

Yes! I would like to receive Options for Sexual Health's quarterly eNewsletter!

Yes! I would like to be sent an email reminder of Options for Sexual Health's upcoming events!

Yes! I want to help Options for Sexual Health provide sexual and reproductive health services and education to people of all ages, all genders, and all orientations throughout BC all year round (all donations over \$5 receive tax credit).

A single gift of \$25 \$50 \$75 \$100 Other: _____

A monthly gift of \$10 \$20 \$30 Other: _____

Enclosed is a cheque made out to Options for Sexual Health

I prefer to use my Visa or Mastercard (please circle to indicate the type of card)

Credit Card Number: _____ Expiration Date _____

Name as on card: _____

I would like my donation to go toward:

The good work of the agency Clinic Services Education Programs

Community Outreach Specific Options for Sexual Health Community : _____

Thank you for becoming a member of Options for Sexual Health!

You can send your completed application via email to executivedirector@optbc.org, fax to 604-731-4698, or mail to:

Attn: Executive Director
3550 E.Hastings Street
Vancouver BC V5K 2A7

* In accordance with the Societies Act of BC we must collect mailing addresses for all Options for Sexual Health members. As the costs of postage increase we are increasingly using email to communicate with members and donors. Please ensure you have listed your email address. Thank you.