

MEMBERSHIP FORM

SHAWNIGAN RESIDENTS ASSOCIATION (SRA)
www.shawniganresidentsassociation.com

MISSION STATEMENT:

To actively represent community and member interests in matters of the environment, governance and development practices that support our vision for the future of Shawnigan Lake

VISION STATEMENT:

Shawnigan Lake shall be a protected, healthy, thriving community that supports its watershed and values recreation, balanced growth and sustainable environmental practices

Please complete this form and mail it along with your payment to :

Shawnigan Residents Association
P.O. Box 443
Shawnigan Lake, BC
V0R 2W0

Is this a renewal (please circle one)? Yes No

Shawnigan Lake address: _____

Is this residence your primary residence (please circle one)? Yes No

Primary contact name: _____

Primary mailing address (if different from SL address): _____

Primary phone number: _____

Primary email address: _____

Everyone in your household is considered a member regardless of age, however, only ONE VOTE per household in matters requiring a vote. How many people in your household?: _____

Please provide names and email addresses for other household members (if you prefer we email them directly on communications)

Fee: \$20/household/calendar year provides for ONE VOTE when voting occurs. If other household members would prefer to have their own vote, THEY NEED TO BECOME A PRIMARY CONTACT AND PAY THE FEE. If this fee is prohibitive or if you'd like to make an additional donation, please contact us via email (info@sramail.ca) to discuss options.
