

Members of Options for Sexual Health (Opt) agree to uphold Opt'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 Opt?  YES  NO If yes, when? \_\_\_\_\_

Yes! I would like to receive Opt's quarterly eNewsletter!

Yes! I would like to be sent an email reminder of Opt's upcoming events!

Yes! I want to help Opt 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: \_\_\_\_\_ Three digit security code (back of card): \_\_\_\_\_

I would like my donation to go toward:

The good work of the agency  Clinic Services  Education Programs

Community Outreach  Specific Opt Community : \_\_\_\_\_

Thank you for becoming a member of Options for Sexual Health!  
 You can send your completed application via email to [nromano@optbc.org](mailto:nromano@optbc.org), fax to 604-731-4698, or mail to:  
 Attn: Finance Assistant  
 3550 E.Hastings Street  
 Vancouver BC V5K 2A7

\* In accordance with the Societies Act of BC we must collect mailing addresses for all Opt 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.