



ARJAA

ABBOTSFORD RESTORATIVE JUSTICE
AND ADVOCACY ASSOCIATION

Repair • Restore • Rebuild • Transform

SOCIETY MEMBERSHIP APPLICATION FORM

You are important to the continuing work of ARJAA. **Please apply to renew your membership and/or to become a society member today!** Help us as we continue to support adults, youth and families with timely interventions at critical times in their lives, by providing pro-active interventions and tools to help change, transform and redirect them towards a healthy and productive future. Together we are supporting the Abbotsford Police Department’s Mission Statement of making “Abbotsford the safest city in B.C.” and School District #34’s goals of Respect, Innovation and Opportunity. To become a member or to renew your existing membership, please fill in the form below and return it to us with your payment if applicable.

- I am a community supporter (\$15 - Annual Society Membership Fee)
- I am a Volunteer that has donated 10 hrs of volunteering to ARJAA (Membership Fee Waived)

By renewing/applying for society membership I confirm that:

- I am 19 years of age or older
- I am a Canadian Citizen or I have Permanent Resident Status in Canada
- I live or work in Abbotsford or represent a municipal, provincial, or national government and/or organization
- I am **not** a current ARJAA employee
- I am **not** an immediate family member (Spouse, Parent, Sibling or Child) of a current ARJAA employee

As a society member of Abbotsford Restorative Justice & Advocacy Association, I understand I will need to:

- ***Renew my membership annually on or before the AGM held in June to vote and remain a society member***
- ***Uphold the Constitution and comply with the Bylaws and Membership Policy of ARJAA***
- ***Membership in the association shall **not** be transferrable***
- ***Members in good standing have voting privileges at the AGM, as per the constitution***
- ***I will receive regular updates and information about the work of ARJAA***

As per Canada Revenue Agency, Society Membership fees do not qualify for a tax receipt.

Name: _____ Date: _____ Phone: _____

Address: _____ Postal Code: _____ E-mail: _____

Signature: _____

Please indicate what contact information you would like ARJAA to use to communicate with you:

Methods of Payment:

- Cheque (enclosed)
- Cash (enclosed)
- Online (www.arjaa.org → Donate Now)

Please make cheques payable to *Abbotsford Restorative Justice* – return or mail to the address below.

I would like to further support ARJAA through a tax deductible donation of:

- \$50
- \$100
- \$250
- \$500
- \$1,000
- \$ _____