



NICOLA VALLEY TRANSPORTATION SOCIETY (NVTS)

Application for Membership

NAME: _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

HOME PHONE: _____ EMAIL: _____

WORK PHONE: _____ EMAIL: _____

CELL PHONE: _____ EMAIL: _____

I wish to apply to become a member of the Nicola Valley Transit Society. I agree that if I am accepted as a member I will uphold the constitution and bylaws of the society and act in the best interests of the society.

I understand that membership in the society entitles me to receive notice of, attend, and vote at general meetings of the society for as long as I remain a member in good standing.

I agree to pay the annual membership fee of ____\$ 5.00_____ on acceptance of my application by the board of directors.

Signature: _____ Date: _____



NICOLA VALLEY TRANSPORTATION SOCIETY (NVTS)

Why are you interested in Nicola Valley Transportation Society?

Area(s) of expertise/contribution you feel you can make towards NVTS.

Do you have other board experience?



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FOR BOARD USE:

Applicant has had a personal meeting with either manager, board chair, or other board member. (CIRCLE)

DATE:

Applicant reviewed by the board.

DATE:

Applicant attended a board meeting.

DATE:

Applicant interviewed by the board.

DATE:

APPLICANT ACCEPTED:

APPLICANT DECLINED:

DATE:

MEMBERSHIP EFFECTIVE:

FROM:

TO:

Signed on behalf of the board.

SIGNATURE:

DATE:

ACTION TAKEN BY THE BOARD:
