



# Vancouver Adapted Music Society

**VAMS**  
110-2285 Clark Drive  
Vancouver, BC V5N 3G9

[info@vams.org](mailto:info@vams.org) | [www.vams.org](http://www.vams.org)

## Premium Tier Membership Form

The membership fee is \$20 annually.

Benefits of becoming an annual member:

- A vote at the annual general meeting
- Participate in the strategic visioning and planning
- Can be nominated to be a director on the board of directors
- VAMS music CD
- Discount from VAMS instrument shop

Please complete this form and send to

**VAMS, 110-2285 Clark Drive, Vancouver, BC V5N3G9**

Or by email to [info@vams.org](mailto:info@vams.org).

Please let us know if you require this form in an alternative format.

| SECTION ONE: PERSON SEEKING MEMBERSHIP                               |        |   |
|--|--------|---|
| Are you filling out this form on behalf of yourself or someone else? | MYSELF | Go to section two                           |
|  | Other  | Please complete below and go to section two |
| Your Name  |        |   |
| YOUR Relationship to the member (e.g., caregiver, son, mother)       |        |   |

Please make all checks payable to Vancouver Adapted Music Society

Data Protection Act: please note that the above information will be kept on computer file and used solely for VAMS purposes

**Vancouver Adapted Music Society is a Registered Charity with CRA Number 130463607**

| <b>SECTION TWO: INFORMATION OF PERSON SEEKING MEMBERSHIP</b>                                    |  |
|---|--|
| Full Name   |  |
| Full Address  |  |
| Postal Code   |  |
| Telephone (Inc. Area Code)  |  |
| Mobile Number (primary contact)   |  |
| Email Address (primary contact)   |  |
| Date Of Birth   |  |
| If the person seeking membership has a disability, please describe the nature of the disability |  |
| Please describe your interest in becoming a member.   |  |

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|                                      |  |      |       |
|--------------------------------------|--|------|-------|
| <b>Membership Fee: \$20 Annually</b> |  |      |       |
| I enclose My Membership Fee of       |  |      | \$ 20 |
| I enclose an Optional donation of    |  |      | \$    |
| Total Enclosed                       |  |      | \$    |
| Signed                               |  | Date |       |

|                                |             |
|--------------------------------|-------------|
| <b>FOR ADMINISTRATION ONLY</b> |             |
| <b>SOCIETY</b>                 | <b>VAMS</b> |
| <b>ACCOUNT CODE</b>            | <b>4620</b> |
| <b>DATE</b>                    |             |
| <b>APPROVAL</b>                |             |
| <b>NOTES</b>                   |             |