



ANKORS



AIDS Network, Outreach and Support Society

www.ankors.bc.ca

1-800-421-2437

information@ankors.bc.ca

gary@ankors.bc.ca

101 Baker Street Nelson BC V1L 4H1

#46 – 17th Ave South Cranbrook BC V1C 5A8

Ph: 250-505-5506 Fax: 250-505-5507

Ph: 250-426-3383

MEMBERSHIP APPLICATION FORM

HIV/AIDS and Hep C Network, Outreach & Support Society

Name: _____

Address: _____

Email: _____

Phone: Day _____ Evening _____

I understand that by becoming a member of ANKORS, I agree to uphold its Constitutions, Bylaws and Mission Statement.

Signature: _____

Date: _____

Membership for the year 2020/2021

Sliding Scale-\$2.00 – 20.00

Directors Approval: _____

Directors Name: _____

Date of Approval: _____

*Note fees can be waived for active service users.