

# Membership and Donation Form

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Abortion Rights  
Coalition of Canada

Coalition pour le droit à  
l'avortement au Canada

*Your Voice for Choice*

*Canada's only national political  
pro-choice advocacy group*

POB 2663, Station Main, Vancouver, BC, V6B 3W3  
info@arcc-cdac.ca • www.arcc-cdac.ca

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## ***Thank you for joining ARCC!***

Details of membership and listserv options are available at [www.arcc-cdac.ca](http://www.arcc-cdac.ca) (click "Get Involved").

Name: \_\_\_\_\_

Affiliation (if any): \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City

Province

Postal Code

E-mail address: \_\_\_\_\_ (Note: Most ARCC communications are by email)

Phone: \_\_\_\_\_ This is my:  Home  Work  Cell

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## **Listservs**

You can sign up to more than one listserv. You must provide an email address above.

- ARCC News (news stories on reproductive rights issues)
  - ARCC Friends (forum to share views and get support)
  - ARCC Activist (forum for volunteers/leaders; sponsored Activist members only)
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## **Membership Options:** (annual fees)

**Renewal?** Please check here:

**Basic Membership:**  \$25 – individuals  \$50 – groups and clinics

**Sustaining Membership:** (For those able to give more)

ARCC Friends:

\$ 50

Other \$ \_\_\_\_\_

Leadership Circle:

\$100

Other \$ \_\_\_\_\_

Norma Scarborough Society:

\$1,000

Other \$ \_\_\_\_\_

**Activist Membership:**  \$25 – individuals  \$50 – groups and clinics

(For those who want to participate in ARCC organizing and activities; **Sponsor required**)

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## **Activist Membership** (continued)

Sponsor's Name: \_\_\_\_\_

Affiliation & City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Note: Your sponsor must be an ARCC Activist member, or someone who works or volunteers within the pro-choice community and is known to us. Sponsors will be contacted prior to membership being granted.

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***Low-income?** ARCC values and encourages all pro-choice supporters who want to become members. Should financial considerations make the suggested fee a hardship, we can offer to lower or waive the fee. Please contact us at [info@arcc-cdac.ca](mailto:info@arcc-cdac.ca) if this situation applies to you.*

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## **One-time Donation:**

Amount: \$ \_\_\_\_\_ (for those who would prefer not to become a member at this time)

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## **Payment Methods:**

Cheque or money order payable to "ARCC" attached.

VISA #: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**PayPal:** No need to complete and mail this form! Just go to our website at [www.arcc-cdac.ca](http://www.arcc-cdac.ca) and click the "Make a Donation" button on our home page. We may need to contact you by email to obtain additional information for our records.

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## **Monthly Donations:**

I want to support ARCC with monthly donations.

(Note: Monthly donors become Sustaining Members, or Activist Members if you have a sponsor.)

Please debit my bank account:  \$5    \$10    \$15    \$25   Other: \$ \_\_\_\_\_

*Legal requirements for monthly donations:*

Please fill out this membership form in full, and attach a cheque marked "VOID".

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This donation is made on behalf of:  an individual    a business    an organization.

*Your automatic donation will be processed on the 1st day of each month or the next business day. You may revoke your authorization at any time, but 15 days written notice is required. You may use the "PAD Agreement" cancellation form at [www.cdnpay.ca](http://www.cdnpay.ca). You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. For more information on your cancellation and recourse rights, contact your bank or visit [www.cdnpay.ca](http://www.cdnpay.ca), or email us at [info@arcc-cdac.ca](mailto:info@arcc-cdac.ca).*