

MEMBERSHIP RENEWAL

I wish to renew the annual SVI membership of \$25 per pers	on for the year 20 for the following member(s):
NAME	
ADDRESS	P/CODE:
PHONE EMAIL (required)	
NAME	
ADDRESS	P/CODE:
PHONE EMA	L (required)
I/we consent to receiving newsletters and notices by email: YES / NO	
 I enclose membership dues in the amount of \$ 	
O I have included a donation of \$ for which I will receive a full receipt for tax purposes	
• A cheque in the amount of \$ is attached, payable to St. Vladimir Institute.	
 An e-transfer in the amount of \$sent to svi@stvladimir.ca. 	
• Debit my credit card in the amount of \$ Card #	£
NAME ON CARD:EXPIRY	DATE/ SIGNATURE
(or call 416-923-3318 for payment by telephone.)	
 I would like to volunteer in the area(s) of: FUNDRAISING EVENTS (PLANNING) EVENTS (SETUP, TAKEDOWN, ETC) LIBRARY COMMUNICATIONS/SOCIAL MEDIA JOIN A COMMITTEE JOIN THE BOARD 	
Please return this form by mail, in person, or email to svi@stvolodymyr.org	
For office use only: Dues in the amount of s rece	eived on the day of , 20