



# Disabled Independent Gardeners Association of BC

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

[info@digabc.org](mailto:info@digabc.org) | [www.digabc.org](http://www.digabc.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
- A gardening starter’s kit including gloves and seeds

Please complete this form and send to

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

Or by email to [info@digabc.org](mailto:info@digabc.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 Disabled Independent Gardeners Association

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

**DIGABC is a Registered Charity with CRA Number 861274157**

| <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 |       |

| FOR ADMINISTRATION ONLY |        |
|-------------------------|--------|
| SOCIETY                 | DIGABC |
| ACCOUNT CODE            | 4620   |
| DATE                    |        |
| APPROVAL                |        |
| NOTES                   |        |