



INCOME SECURITY ADVOCACY CENTRE  
Centre d'action pour la sécurité du revenu

## Application for Individual Membership

Please complete all sections of this form. If you require assistance in filling this out, please contact our office.

### Contact Information

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

(Member meeting notices, newsletters and updates will be sent by email. If you are unable to receive member meeting notices and updates by email, please contact us)

**Phone:** \_\_\_\_\_

**How did you learn about ISAC?**

\_\_\_\_\_  
\_\_\_\_\_

**What part of ISAC's work do you find most interesting (i.e. social assistance, employment, basic income)?**

\_\_\_\_\_  
\_\_\_\_\_

**Would you be interested in being considered for a position on the Board of Directors?  
Yes or No**

### Endorsement and Signature\*

- I have read and understood membership eligibility and disqualifications as listed in ISAC Membership Policy and confirm that I am not disqualified based on categories listed in the Policy.
- I have read, and agree to endorse and support the Mission Statement and Mandate of Income Security Advocacy Centre.

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

\* Please refer to Mission Statement and Mandate, By-laws and Membership Policy