



www.xchangesgallery.org • info@xchangesgallery.org
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Xchanges gratefully acknowledges the support of the CRD.

APPLICATION FOR XCHANGES SUPPORTING MEMBERSHIP 2015–16

Contact Information (please print)

Name _____ Phone _____

Address _____

Municipality _____ Postal Code _____

E-mail _____

Group (if applicable) _____

Rules of Membership

As a member, I agree to comply with the following:

1. To pay an annual fee of \$40.00;
2. To support the arts.

Please list any skills you have that might be beneficial to Xchanges or you might be interested in as a volunteer.

Signature _____

Date _____