



**NANAIMO VOLUNTEER AND INFORMATION  
CENTRE SOCIETY  
MEMBERSHIP FORM**

**AGENCY NAME:**

**MAILING ADDRESS:**

**WEBSITE:**

**EXECUTIVE DIRECTOR**

NAME:

EMAIL:

PHONE:

**VOLUNTEER COORDINATOR**

NAME:

EMAIL:

PHONE:

**BOARD SECRETARY**

NAME:

EMAIL:

PHONE:

**RECEPTION**

EMAIL:

PHONE:

**PRIMARY CONTACT PERSON**

NAME:

EMAIL:

PHONE:

**Notes/Comments:**

**Please select what volunteer categories best apply to the agency**

*(may choose multiple)*

- Addictions/Mental Health
- Animal Care
- Board/Committee
- Community Health Services
- Drivers
- First Nations
- Food Services
- Fundraising/Events
- Homeless/Outreach
- IT/Computers
- Office/Clerical
- Outdoors
- Retail
- Seniors
- Virtual
- Youth

**Date:**

**Please fill out and return for 2022-2023 to [vn3148@gmail.com](mailto:vn3148@gmail.com)**

***In order for us to keep you up to date with information it is vital that you inform us when any of the above data changes***