



## Social Justice Co-operative of Newfoundland & Labrador

Membership Application

P.O. Box 5125, St. John's, NL A1C 5V5

socialjusticecoopnl@gmail.com

### Individual Membership:

Individual membership is open to any resident living in NL. Individuals must purchase one (1) share (\$10) for membership.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Sustaining Donation:** To provide services to our members and support our projects we need regular financial support. Please consider making a donation to help fund the activities of the SJCNL.

I, \_\_\_\_\_

contribute \$\_\_\_\_\_ as a:

One-time contribution

Annual contribution

Monthly contribution

by the following method:

Paid by cash

Cheque

Paypal

### Objectives and Member Declaration:

- To research, analyze and speak to the structural causes of social injustice locally and globally and to initiate and support campaigns and activities that address social injustice;
- To provide public education on the link between the global and the local structural causes of poverty and increase awareness of the need for social justice in Newfoundland and Labrador and around the world;
- To develop partnerships with other social justice groups and collaborate with them to achieve common social justice goals;
- To provide social justice related educational/training services to our partners and other interested parties;
- To promote membership and active participation in the Social Justice Co-operative;
- To engage in any and all activities that will enable the Co-operative to achieve its general mandate and objectives.

*With this application I hereby agree to abide by the By-Laws and Policies of the Social Justice Co-operative, become aware of my responsibilities as a member and fulfil them to the best of my ability.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Declaration of Beneficiary:

I, (print) \_\_\_\_\_, hereby authorize the Board of Directors of the Social Justice Co-operative to transfer or pay all sums to my credit, less indebtedness, following my death to:

\_\_\_\_\_ of \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For SJCNL Use**

Board Approval Date: \_\_\_\_\_

Board Signature: \_\_\_\_\_