



Office Use Only:

Coordinator: _____

Data entered by _____

Date: _____

CC credit limit: _____

Date: _____

Member Account Number _____

Temporary Password _____

MEMBERSHIP APPLICATION

Personal Info (for office use only, not visible online):

Name _____

Date of birth (mm/dd/yy) ____/____/____, Sex/Gender: [] Male [] Female

Address _____

City _____ Prov./State _____ Zip _____

Email _____ Phone _____ Cell _____

Optional: (Add a business/trade name - if you don't want your name online, visible to members)

Business Name _____

Address _____

City _____ Prov./State _____ Zip _____

Email _____ Phone _____ Cell _____

Website _____ How long in business _____

What services/products: _____

Your online info (**Visible** to logged in members. Must be person's name or business/trade name):

- Your first name (first part of business name): _____ (required!)
- Family name (rest of business name): _____ (optional)
- Name of your neighbourhood: _____ (required!)

List possible offers (what you may give):

1 _____

2 _____

3 _____

4 _____

5 _____

List possible wants (what you may need):

1 _____

2 _____

3 _____

4 _____

5 _____

IMPORTANT: You must be able to check/fill out all below to be approved. (No invite? Contact us first)

- [] I have read and [] I agree with Help My Neighbour's Membership Agreement
- [] I agree to receive regular email updates from Help My Neighbour
- [] I was invited/referred by: _____
- [] My \$25 signup fee was sent by PayPal to helpmyneighbour@gmail.com (please attach receipt)
Or check here [] if you are responding to a 30-day free trial promotion.

Your Signature: _____ Date: _____

Must be hand-signed. Please send PDF or readable scan/picture to helpmyneighbour@gmail.com.