



NELSON COMMUNITY FOOD CENTRE (NCFC) MEMBERSHIP REGISTRATION

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

POSITION AT NCFC _____
(Volunteer, donor, board member, supporter, program participant, other)

Thank you for registering for NCFC membership. Your membership entitles you to vote at the next NCFC Annual General Meeting. Membership is annual and renewable by filling out a new form at the beginning of each calendar year prior to the AGM.

Vision: “A thriving community where people come together around good food for all”

Mission: “To create opportunities for people facing adversity to share, connect and advocate around good food”

I agree to the vision, mission and guiding principles of the organization

Signature: _____

Date: _____