Women's Collective

## Discover. Connect. Make an Impact.

## **MEMBERSHIP FORM**

Personal Information	
First Name :	Last name :
Pronouns (Optional)	E-Mail :
Phone :	Address :
Organization:	Position :
Dietary Restrictions •	I would like accessibility accommodations for events. (Please specify)
How did you hear about the Women's Collective?	
○ Word of mouth ○ Online search ○ PIH outreach	Website Social media Other:
Please select the Women's Collective activities that interest you.	
Annual meeting/celebration Book club mee	Personal fundraising campaigns
☐ Involving my workplace ☐ Lectures/panel	discussions Social/networking engagements
PIH care delivery site trips Involving famil	y/friends Other:
Please tell us about your connection to PIH, global health, or the non-profit sector.	
Relatively new to PIH Current PIH donor	Past PIH donor
A Green Brothers supporter Global health work	c experience Current non-profit board member
Previous non-profit board/committee experience Charity programs/community event volunteer experience	
Other connections to PIH, global health, or non-profit:	
Payment Options Please select your preferred membership payment schedule and method.	
Full payment now Full payment within	Monthly (\$85) Custom payment schedule
six months of joining	payments
pihcanada.org Credit card over phone	Cheque Gift of securities
Your Benefits & Commitments  Members will do their best to honour the following commitments:	
<ul> <li>As a PIH Canada Women's Collective member, you will enjoy exclusive in-person engagements, learning opportunities, and invitations to visit PIH care delivery sites—experiences designed to deepen your connection to global health, build community, and support lifesaving work.</li> <li>Personally give or fundraise a minimum of \$1,000 annually to support maternal and child health programming</li> <li>Introduce philanthropic and community leaders in your network (we will not ask you to solicit anyone unless you wish to).</li> <li>Attend the annual Women's Collective Members Meeting.</li> <li>Contribute your time, skills, or knowledge to at least one activity.</li> </ul>	

Yes, I would like to become a member of the PIH Canada Women's Collective and have reviewed the benefits and

Signature

Date

Print Name

expectations of membership.