

Comox Valley community way organization and/or project registration form

Identification and contact information

Name of organization/project _____

Street or P.O. Box _____

Town _____ Postal Code _____

Voice phone _____ Fax phone _____

E-mail _____ Web address _____

Send account statements by: e-mail / canada post (circle one)

Name and position of signer _____

Choose an account ID

Choose your account ID with some care as it will be much used. Use only letters and numbers, with no embedded spaces or #&\$!@ etc. It is best to use just a few letters that other people will readily associate with your organization and can easily write or otherwise use when making payments to you. Please list your first and second choices.

1st Choice _____ 1st alternate _____

The Comox Valley community way project is authorized to raise donations in cw\$ on our behalf.

_____/_____/_____
signature date

Funding required

Please provide a short description (50 words or less) of your organization, your funding requirements and how you will use the cw\$ raised. This information will be used to raise funding from the business community and to support the exchange of cw\$ for \$ with the general public.