

MEMBERSHIP / DONATION APPLICATION

Date: _____

- Renewal
 New Application

Please print

Name:		
Address:		
City:	Province:	Postal Code:
Home Phone:		Business Phone:
E-mail:		

Please check all that apply

I am:

- parent or guardian of a person with a developmental disability
- relative of a person with a developmental disability
- a user of service
- a general supporter
- employee
- volunteer or student
- interested in becoming a volunteer with Community Living

MEMBERSHIP YEAR RUNS FROM JUNE 1ST TO MAY 31ST

- Basic Membership Fee: \$10.00
 Family Membership Fee: \$15.00 *(immediate family only)*
 General Donation: _____

Total: \$ Cash Cheque

Receipts will be issued for the amount of \$10.00 or more.

Please make cheques payable to: COMMUNITY LIVING – Grimsby, Lincoln and West Lincoln

We respect the privacy of our members and donors. We do not share membership or donor lists.

If you have any questions or concerns, please contact the office at (905)563-4115.

THANK YOU FOR YOUR PARTICIPATION!