

Cerebral Palsy Association of Manitoba

MEMBERSHIP RENEWAL*

SEPTEMBER 2009 – AUGUST 2010

- General Membership for Family/Individual - \$10.00**
- Corporate Membership for Business/School/Association - \$25.00**
- Donation, in addition to membership - \$ _____**
- Donation only, no membership - \$ _____**
(Tax receipt will be issued for donation of \$10 or more)

Name: _____

Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Email address: _____

Phone #: Home _____ Work _____ Cell _____

Name of family member with cerebral palsy (if applicable)
_____ Male ___ Female ___ Date of birth _____

I give the Cerebral Palsy Association permission to use my mailing address and phone number for the purpose of informing me about upcoming events & activities, to distribute the newsletter or to mail me information regarding Cerebral Palsy or the association.

Signature Date

- I wish to:**
- Receive the newsletter only
 - Receive correspondence by email
 - Volunteer in the following areas:
 - Annual Stationary Bike Race Fundraiser - Winnipeg ___ Brandon ___
 - Serve on Board of Directors or on a committee
 - Office help

*Membership is required to be eligible for grant funding, equipment and voting privileges.

*If you no longer wish to be a member or to receive mailings, please notify our office.

Office Use Only:	
Receipt # _____	Date received _____
Tax Receipt # _____	Amount Received \$ _____