



**Cerebral Palsy Association of Manitoba**

**MEMBERSHIP RENEWAL\***

**SEPTEMBER 2011 – AUGUST 2012**

- \_\_\_\_\_ **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.

<b>Office Use Only:</b>	
Receipt # _____	Date received _____
Tax Receipt # _____	Amount Received \$ _____