

Cerebral Palsy Association of Manitoba

NEW MEMBER APPLICATION

Annual Membership Fees: _____ **Family/Individual - \$10.00**
_____ **Business/School/Association - \$25.00**

****Membership year is September 1 to August 31, with fees due in September****

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 wish to:

- _____ Receive correspondence by email
- _____ Receive an information booklet on Cerebral Palsy
- _____ Make a donation, in addition to membership, in the **amount of \$** _____
(tax receipt will be issued for donation of \$10 or more)

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 _____

We have Volunteer Opportunities in the following areas:

- _____ Annual Stationary Bike Race Fundraiser - Winnipeg _____ Brandon _____
- _____ Serving on Board of Directors or on a committee
- _____ Office help

_____ **Yes, I can help**
_____ **No, sorry, not at this time**

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