



# MEMBER APPLICATION

## Type of Membership

- Family/Individual - \$10.00
- Business/School/Association - \$25.00

New Membership:  Renewal:  Year of Membership: 2020 / 2021  
(September to August)

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 consent for The Cerebral Palsy Association of MB (CPAM) 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. I understand that CPAM will never sell, rent or distribute my personal information. I may withdraw consent at any time with written notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Make a donation, in addition to membership, in the amount of \$ \_\_\_\_\_

\$25                      \$50                      \$100                      \$200

(Tax receipts will be issued for donation of \$10 or more)  
 Please make Cheques payable to:

Cerebral Palsy Association of MB  
 903 – 213 Notre Dame Ave Winnipeg, MB R3B 1N3  
 Website [www.cerebralpalsy.mb.ca](http://www.cerebralpalsy.mb.ca)  
 Email [office@cerebralpalsy.mb.ca](mailto:office@cerebralpalsy.mb.ca)  
 Phone 204-982-4842  
 Fax 204-982-4844

**Office Use:**  
 Date  
 Amount Received \$  
 Receipt #  
 Tax Receipt #  
 Payment type:

You can renew online Go To <http://www.cerebralpalsy.mb.ca/membership.htm>