

SAVE TIME ONLINE: <http://www.cerebralpalsy.mb.ca/membership.htm>



**CEREBRAL PALSY
ASSOCIATION
OF MANITOBA**

Membership Application

TYPE OF MEMBERSHIP

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

NEW MEMBERSHIP **RENEWAL** **YEAR OF MEMBERSHIP:** 2024 / 2025
(September to August)

NAME _____

ADDRESS _____

CITY/TOWN _____ PROVINCE _____ POSTAL CODE _____

EMAIL _____

PHONE# HOME _____ WORK _____ CELL _____

Name of family member with cerebral palsy (if applicable) _____

Date of birth (optional) _____

I consent for The Cerebral Palsy Association of Manitoba (CPMB) to use my mailing address and phone number for the purpose of informing me about upcoming events and activities, to distribute the newsletter or to mail me information regarding Cerebral Palsy or the Association. I understand that CPMB 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 OTHER \$ _____

Tax receipts will be issued for donation of \$10 or more.

Please make Cheques payable to:

Cerebral Palsy Association of Manitoba

OFFICE USE

Date _____
Amount Received \$ _____
Receipt # _____
Tax Receipt # _____
Payment type: _____



www.cerebralpalsy.mb.ca



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The Cerebral Palsy Association
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