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:** 2025 / 2026
(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
@CerebralPalsyAssociationOfMb
@CerebralPalsyMB
@cerebralpalsymb
The Cerebral Palsy Association of Manitoba

Direct line 204-982-4842
Toll free 800-416-6166
Fax 204-982-4844
Email office@cerebralpalsy.mb.ca

903 - 213 Notre Dame Ave.
Winnipeg, MB R3B 1N3