



Membership Form

New Renewing Permanent Address Change

Name _____ Title _____

Mailing Address _____

City _____ Prov _____ Postal Code _____

Phone _____ Fax _____ Email _____

Please circle the appropriate category

| | Individual | Family | Self Advocate | Organization/Corporation |
|---------------------|------------|--------|---------------|--------------------------|
| Annual Membership | \$15 | \$20 | \$5 | \$25 |
| Lifetime Membership | \$250 | \$300 | | |

**Family= two adults and their children residing at the same address.*

**Lifetime membership (onetime fee).*

YES, I would like to help children and adults reach their full potential.

Enclosed is my gift for \$25 \$50 \$100 \$250 \$500 Other _____

I would like my gift dedicated to Recreation Programs Drop-in Centre Other _____

**Tax Receipts will be issued automatically for donations of \$10 or more (membership fees are not eligible).*

Please select method of payment

Cheque Cash

Amount Paid _____

Thank you for your support!

Charitable business Number 12307 2647 RR0001