

## MEMBERSHIP APPLICATION and RENEWAL FORM

Please Print

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (business)  
 E-mail address \_\_\_\_\_

Please check each that applies to you

- |                                 |   |                                    |  |
|---------------------------------|---|------------------------------------|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Relative/Guardian    | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Community Member            |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Supported Individual | <input type="checkbox"/> Employee  | <input type="checkbox"/> other Agency Representative |

### **General Membership:**

Open to any person who supports the purposes and objectives of the Organization and who pays annual membership dues, except persons employed by this Organization, any similar organization or acting as a representative of such organizations.

### **Dues: - Friends of the Association**

Open to any person who supports the purposes and objectives of the Organization and who pays an annual fee, and is employed by this Organization, any similar organization or acting as a representative of such organizations.

We shall issue your receipt and membership card once we have received your payment.  
 Annual Membership Fee of \$5.00 is due each January 1<sup>st</sup>.

Please check off one:

- |   |  |
|---|--|
| <input type="checkbox"/> General Membership Fee | <input type="checkbox"/> Friends of the Association Dues |
|---|--|

Please check the areas which would be of interest to you:

- |   |  |
|---|--|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Committees                      |
| <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Volunteer (support enhancement) |

Preferred method of contact?

- |                                    |                                      |                                 |
|------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> E-mail |
|------------------------------------|--------------------------------------|---------------------------------|

Would you like to receive your written correspondence by e-mail?  Yes  No

Can we add your name to our Community Living Ontario mail out list?  Yes  No

Can we forward your e-mail address to Community Living Ontario?  Yes  No



If you have enjoyed the Eye on Access newsletter, please help us fund the future publications by making a donation.

A Tax Receipt will be issued

\$10.00 \_\_\_\_\_ \$15.00 \_\_\_\_\_ \$20.00 \_\_\_\_\_ \$25.00 \_\_\_\_\_ Other \$ \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

If you require any further information, please contact Community Living Access Support Services 519-426-0007  
 Thank you for considering a membership with our Organization