

MEMBER INFORMATION

Last Name : _____ First Name : _____.

Parent's Name : _____ First Name : _____.

(if Child is belowe 18 years of age)

Sex : Female Male

Date of Birth (d/m/y) : ____ / ____ / ____.

Address : _____

Telephone : Home _____
Work _____
Other _____

Email : _____

Occupation : Student
 Employee, type of work : _____.
 Other : _____.

Language spoken : French
 English
 Other : _____.

Communication : Verbal
 Speech difficulty

Mobility : Independant
 Wheel Chair
 Other : _____.

I confirm this person has a medically confirmed diagnosis of Cerebral Palsy

MEMBERSHIP TYPE

ACTIVE MEMBER :
Active members are people with cerebral palsy, their parents, tutors or other people legally reponsible for a child or an adult living with Cerebral Palsy.

SUPPORT MEMBER :
Support members are people living in the Eastern Townships who contribute, by giving their time or support, to the mission and objectives of the association.

CORPORATE MEMBER :
Corporate members are any person association or institution with an awareness of the Cerebral Palsy condition and who acts in accordance to the mission statement and objectives of the association.

MEMBERSHIP FEE

MEMBERSHIP FEE : 20,00 \$ DONATION : _____.

Payment method : Bank Transfer
 Cash (Do not mail- hand in directly)

Name for donation Income Tax receipt : _____.

Signature of member or representative : _____.

Date(d/m/y) : ____ / ____ / ____.

VOLUNTEER OPPORTUNITY

I am interested in volunteering

Occasionally At every opportunity

A single volunteer experience will make a big difference!