

**Community Living Guelph Wellington
MEMBERSHIP APPLICATION FORM**

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE _____ POSTAL CODE: _____

TELEPHONE (Home) _____ (Business) _____ FAX _____

E-Mail Address: _____

BASIC MEMBERSHIP FEE:

1 year \$10.00 2 years - \$20.00 \$50.00 - 5 years

I am applying for: Full Membership Associate Membership

I am a: parent general supporter user of service relative volunteer

ADDITIONAL WAYS I CAN CONTRIBUTE TO MY ASSOCIATION:

I wish to receive a tax deductible receipt by becoming a Sponsor, Benefactor or Patron:

Sponsor: \$25.00 - \$49.00 Benefactor: \$50.00 - \$99.00 Patron: \$100.00 +

An area of volunteer involvement that would be of further interest to me is:

committees fund-raising direct service

In applying for full membership within **Community Living Guelph Wellington**, I agree:

- (a) To pay an annual membership fee of \$10.00;
- (b) That I am at least 18 years of age;
- (c) That I reside within Wellington County **OR** I am the parent/guardian or sibling of a person who receives services from **Community Living Guelph Wellington**; and
- (d) THAT I am not employed by Community Living **Guelph Wellington** or any other Association or its affiliates **OR** I am employed by an Association but I am the parent/guardian of a person who receives services from **Community Living Guelph Wellington** , in which case I may be a member but not a Director.
- (e) That I have no immediate family member:
 - i) employed by the Association or
 - ii) who has been employed by the Association at any time during the previous 6 years.

For the purpose of Article 4.4.1.7 the phrase immediate family shall mean parents, spouses of parents, siblings and spouses of siblings.

Alternatively, an Associate Membership is offered to those who meet (a) and (b) and wish to support the Association.

SIGNATURE: _____ DATED: _____