



Grimsby, Lincoln and West Lincoln

P.O. Box 220, Beamsville, ON L0R 1B0

Telephone: 905-563-4115 Fax: 905-563-8887

MEMBERSHIP / DONATION APPLICATION

DATE: _____

- Renewal
 New Application

Please print

Name:		
Address:		
City:	Province:	Postal Code:
Telephone: (H)		(B)
E-mail:		

I am: a parent or guardian of a person with a developmental disability
 a relative of a person with a developmental disability
 a user of service
 a general supporter
 an agency representative
 a volunteer
 interested in becoming a volunteer with Community Living

MEMBERSHIP YEAR RUNS FROM JUNE 1ST TO MAY 31ST

Basic Membership Fee: \$5.00
Family Membership Fee: \$10.00 *(Immediate Family Only)*
General Donation: _____

TOTAL: cash cheque

Receipts will be issued for the amount of \$10.00 or more.

Please make cheques payable to: COMMUNITY LIVING – Grimsby, Lincoln and West Lincoln

*We respect the privacy of our members and donors. We do not share membership or donor lists.
If you have any questions or concerns, please contact the office at 905-563-4115.*

THANK YOU FOR YOUR PARTICIPATION