

Name of Applicant (or legal guardian): (<input type="checkbox"/> Mr./ <input type="checkbox"/> Mrs./ <input type="checkbox"/> Ms.)	
Mailing address:	
City:	Postal Code:
Home telephone:	Day time telephone (if different):
Email:	
Preferred communication by: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Mail	

Please choose the Member Class below that applies to you and answer any related questions:

- Class A voting Membership** - available to persons with a disability receiving services from Manitoba Possible, or a member in good standing of a Clearinghouse Self-Help Group.
 - a) Are you the parent or legal guardian of a dependant who has received services offered by or through the **Manitoba Possible**?
Name of Dependant: _____
 - b) Which **Manitoba Possible** program(s), service(s) or self-help clearinghouse group(s) do you have experience with? *(Please specify)*

- Class B voting membership** - available to any persons who support the goals of Manitoba Possible.
 - a) Are you representing an organization that supports the goals of **Manitoba Possible**?
Name of Organization: _____

- Class C members** -for the directors of Manitoba Possible group of corporations.
 - o I qualify as a Class A voting member.
 - o I qualify as a Class B voting member.

Each member is entitled to receive notice of, attend and to one (1) vote at all meetings of members.

Each application for membership must be submitted in this form, approved by the Board, and include the appropriate payment.

Membership Fee: \$5.00

Method of Payment (enclosed):

- Cash Cheque (*payable to Manitoba Possible.*)
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Please mail or drop off your completed form along with payment to:

Manitoba Possible
Membership
1857 Notre Dame Ave
Winnipeg, MB
R3E 3E7

Manitoba Possible collects personal information in accordance with the Manitoba Possible privacy policy. This information may be used by Manitoba Possible and/or its affiliate Easter Seals™ Manitoba to communicate with you about programs and activities that we believe will be of interest to you including newsletters, meetings and fundraising activities. Your contact information will be added to their mailing list. This is not a mandatory requirement for membership approval and will in no way effect your membership.

If you prefer not to have your name added, please tick here:

Signature: _____

Date: _____, _____

For Office Use Only:

Date Received:		Member # Assigned:	
Client Confirmation:		Member Class:	
Member Approved:		Member Card Mailed:	
Board Ratified:		Deposit to Finance:	