

MEMBERSHIP RENEWAL APPLICATION

April 1, 2007 to March 31, 2008

Name of Member: _____ Phone # _____

Address: _____

Postal Code: _____

Voting Membership \$15.00 _____

Those individuals, corporations, incorporated associations or recognized charities or duly established Trusts who have demonstrated to the board of directors that they meet the general entitlement criterion and, in addition, who by reason of their active involvement with developmentally disabled persons, their demonstrated ability and commitment, their experience or training, their education and or their self-advocacy skills, their experience in any of the fields associated with the objects of the Corporation and/or their experience working with or living with adults with developmental disabilities and who are desirous of assisting the Corporation in its mission statement, shall each have one (1) vote as member at all meetings of members. This class shall be restricted to all persons employed by any other like Corporation, any Regional Council, Provincial or National Associations with which the Corporation is affiliated.

Non Voting Membership \$10.00 _____

Those individuals, corporations, incorporated associations or recognized charities or duly established Trusts who meet the general entitlement criterion but who do not wish to become actively involved in the Corporation through committee involvement, fundraising, promotion, volunteer work or other activities of assistance to the Corporation or whose interest in furthering the objects of the Corporation is expressed by application as a Non Voting Member. Non Voting Members shall be entitled to receive notice of meetings of members and shall be entitled to attend such meetings but shall not have the right to vote at such meetings.

In order to maintain active membership status, renewal must be received by the secretary of the Board of Directors with payment before March 31, 2007.

Signature: _____ Date: _____

If you wish to make a donation a receipt will be issued for donation amount \$ _____

For Office Use Only

Paid by: _____ / _____ Donation receipt issued _____
Cash Cheque

Date Received _____ Per: _____

Date Deposited _____ Per: _____