



Valid from: _____ to: _____

065371 County Road 3, East Garafraxa, ON L9W 7J8
Tel: 519-941-8971 Fax: 519-941-9121
www.communitylivingdufferin.ca

MEMBERSHIP
January to December

As a member of Community Living Dufferin, you also belong to Community Living Ontario, joining a provincial federation of more than 12,000 individuals who have an intellectual disability, families, volunteers, concerned citizens and organizations.

Full Name(s): _____ / _____
(Member 1) (Member 2)

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone No: _____ Cell: _____

E-mail: _____

NOTE: By providing your email address we acknowledge this as your permission to send to you periodic updates, event notifications and newsletters. You can unsubscribe from this service at any time.

Membership Options:

Please make cheque payable to:

(Member 1) (Member 2)
1 year \$10.00 _____ 1 year \$10.00 _____

Community Living Dufferin
065371 County Road 3
East Garafraxa, ON L9W 7J8
Attention: Membership

Payment Date Received: ____/____/____

Cheque # _____ Mastercard VISA Cash

Credit Card #: _____ Expiry: _____ Signature: _____

Please accept my donation in support of: (please circle)

General Programs Transportation Fund Christmas Giving Other _____

\$ _____ One Time Monthly Yearly

Cheque # _____ VISA Mastercard Card# _____ Expiry: _____