



MEMBERSHIP

January _____ to December _____

As a member of Community Living Dufferin, you are supporting individuals who have an intellectual disability.

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:

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

Please make cheque payable to:

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

Payment Date Received: ____/____/____

Cheque ☐ #_____ Mastercard ☐ VISA ☐ Cash ☐ or eTransfer to payment@cldufferin.ca

Credit Card #: _____ Expiry: _____

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

General CPOS Transportation Fund Christmas Giving Other _____

\$_____ ☐ One Time ☐ Monthly ☐ Yearly

Cheque # _____ VISA ☐ Mastercard ☐ Card# _____ Expiry: _____

eTransfer to payment@cldufferin.ca