



Cerebral Palsy Foundation (Saint John) Inc. Membership form

Date: _____

Member's name: _____

Address: _____

Phone No.: _____

E-mail*: _____

Please list other family members living at the same address, if applicable:

Person with Cerebral Palsy (if not above): _____

Name: _____

Name: _____

Name: _____

The annual membership fee is \$5.00 for an individual or \$10.00 for a family living at the same address. The fee may be paid by cash or cheque (payable to the Cerebral Palsy Foundation (Saint John) Inc. Memberships are renewed at our Annual General Meeting in March of each year.

You can either bring this completed form to a meeting or mail it to:

Cerebral Palsy Foundation (Saint John) Inc.
P.O. Box 2152
Saint John, NB
E2L 3V1

* We primarily use email to keep in touch with our members, so please provide an email address wherever possible.