

MEMBERSHIP APPLICATION

YES! Count me in as a member of the Canadian Paraplegic Association (Manitoba) Inc. All members receive "ParaTracks" CPA (Manitoba) newsletter, "Total Access" CPA National Magazine and voting privileges at the Annual General Meeting. Members also receive discounts at various health care supply stores - Stevens Home Health Care Supplies (special pricing for supplies & 10% off equipment), The Access Store (10%), Northland Home Health Care (10% off medical supplies), Disabled Sailing membership (25% discount).

I wish to select the following category of Membership:

- | | |
|---|--------------------------------------|
| _____ \$15 - \$24 - Member | _____ \$250 - \$499 - Charter Member |
| _____ \$25 - \$99 - Supporting Member | _____ \$500 and over - Patron Member |
| _____ \$100 - \$249 - Sustaining Member | |

All Monies donated remain in Manitoba to support CPA (Manitoba) Inc. An income tax receipt will be issued for any amount over \$15.00. Sustaining, Charter and Patron Members will receive recognition of their generous contribution in the context of events such as our Annual General Meetings or in the programs of other CPA (Manitoba) Inc. functions.

**** IMPORTANT **** According to Canada's Personal Information Protection and Electronic Documents Act, commencing January 1, 2004, all businesses and organizations are required to obtain an individual's consent when they collect, use or disclose their information. **Unless you indicate otherwise by checking the box below, signing and returning this form to CPA, you are providing a form of consent that permits CPA to use the information you provide on this membership form for the purposes of sending out membership receipts and cards, reminder notices with membership applications and newsletters as noted above.**

CPA (Manitoba) Inc. does not sell or trade personal information and does not rent out mailing lists. Personal information is provided to a third party only for the purpose of sending out CPA's newsletters. If you have any questions, please call the CPA office.

- I do not consent to CPA using my personal information as noted above and I understand that I will no longer receive membership receipts, cards, reminder notices or CPA newsletters.

Name: _____ Signature: _____ Date: _____

Make cheque payable to:

Canadian Paraplegic
Association (MB) Inc.

Mail to:

#211 - 825 Sherbrook Street
Winnipeg MB R3A 1M5

For more information:

Phone: 204-786-4753

Fax: 204-786-1140

E-mail: aconley@canparaplegic.org

PLEASE ENTER A MEMBERSHIP FOR:

Name _____

Address _____

City, Prov. _____

Postal Code _____ Phone (____) _____

E-mail address _____

_____ New _____ Renewal