



# BRAMPTON CALEDON COMMUNITY LIVING

## 2005 MEMBERSHIP APPLICATION

(Covering the period from January 1<sup>st</sup>, 2005 to December 31<sup>st</sup>, 2005)

34 Church Street, Brampton, Ontario L6X 1H3

Tel: (905) 453-8841 Fax: (905) 453-5659

APPLICATION TYPE: ~ New Membership ~ Renewal Membership

### MEMBERSHIP TYPE:

~ **General Membership** - One Person - Total Fee: \$10.00

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

~ **Family Membership** - Three Family Members - Total Fee: \$15.00

(1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(3) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of family member(s) with an intellectual disability: \_\_\_\_\_

~ **CIRCLE OF SUPPORT MEMBERSHIP** - Five People - Total Fee: \$25.00

Note: The circle may be comprised of family and friends.

(1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(3) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(4) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(5) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of family member(s) with an intellectual disability: \_\_\_\_\_

~ **BUSINESS FRIEND MEMBERSHIP** - One Business - Total Fee: \$25.00

Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Business Fax No.: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Appointed Voting Representative: \_\_\_\_\_

~ **CORPORATE SPONSOR MEMBERSHIP** - One Business - Total Fee: \$1500.00

Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Business Fax No.: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Names of Two Appointed Voting Representatives: \_\_\_\_\_  
\_\_\_\_\_

~ **EMPLOYEE MEMBERSHIP** - One Person - Total Fee: \$10.00

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:**

Members are invited to take this opportunity to:

1. make a donation for which a tax receipt will be issued;
2. purchase a copy of the book "*Connections*" at the special member price of \$15.00 per copy (non-member price is \$24.00 per copy);
3. purchase a copy of the book "*Developing Leisure Identities*" at a price of \$15.00 per copy (including GST);
4. purchase a copy of the book "*Towards Inclusion*" at a price of \$15.00 per copy (including GST);
5. use *VISA* for membership fees, make a donation or purchase a copy of "*Connections*", "*Developing Leisure Identities*", or "*Towards Inclusion*".

Payment of \$ \_\_\_\_\_ Cash \_\_\_\_\_ Cheque \_\_\_\_\_ Visa \_\_\_\_\_

For: Membership Fee \$  
Donation \$  
*Connections* \$  
*Developing Leisure* \$  
*Identities*  
*Towards Inclusion* \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**OFFICE USE ONLY:**

Date Received in Office:

Date Passed to Membership Committee:

Date Reviewed by Membership Committee:

Membership Committee Recommendation:

Date Presented to Board of Directors:

Date Reviewed by Board of Directors:

Board of Directors Result:

Date Membership Card Sent: