

Application for Membership

Annual Membership Fee: \$15.00
Please make cheque payable to: Community Living London

I wish to join for: 2016-2017, \$15

Name: (Dr. /Mr./Mrs./Ms.) _____

Address: _____
Street City Postal Code

Telephone: _____
Home Business Fax

Email _____

How are you connected to CLL? (parent, friend, etc) _____

Payment by Visa/MC/AMEX:	
Cardholder's Name:	_____
Card Number: _____	Expires: _____ / _____ (M) (Y)
Total Amount : \$ _____	

Signature Date

- I **do not** wish to be informed by phone of Community Living London Membership events.
- I would like to make a donation to CLL in the amount of \$ _____.
- Please send me information on Volunteer Opportunities.
- Please send me information about Planned Giving.
- Our membership list is shared with Community Living Ontario. Check here if you do not wish for your name to be shared.

Please return completed form to:
Membership Services—Community Living London

It is the policy of Community Living London to restrict access of the membership list to those persons responsible for conducting the business of the association. However, any member is entitled to the membership list if he/she files an affidavit under section 306 of the Ontario Corporations Act.

190 Adelaide Street South, London, Ontario N5Z 3L1

A Member of United Way of London & Middlesex
Tel: (519) 686-3000 Fax: (519) 686-5490
Website: <http://www.cl.on.ca>