

MEMBERSHIP — DONATION

Emergo Respite

Registered charitable number: 891299398RR0001

LAST NAME OF PARENT or CAREGIVER _____ FIRST NAME _____

NAME OF PARTICIPANT _____

DATE OF BIRTH _____ DIAGNOSIS _____
DD/MM/YYYY

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE (RES.) _____ TELEPHONE (CEL.) _____ TELEPHONE (OTHER) _____

EMAIL _____

All **members in good standing** will receive in *December* the forms for the summer respite and in *May* the forms for the school respites.

MEMBERSHIP FEE \$35 / YEAR

MEMBERSHIP (\$35)

DONATION \$ An income tax receipt will be issued for donations of \$20 or more.

New membership can be paid anytime of the year.

Renewal is paid on the 1st of April of each year.

PAYMENT

CHECK

CASH

MONEY ORDER OR CERTIFIED CHECK

CORRESPONDENCE

ENGLISH

FRENCH

Autism gives no respite... Emergo does!

PARENTS HELPING PARENTS

since 1977

TOTAL : PAYABLE TO EMERGO

\$

DATE: DD/MM/YYYY

