

Our Mission...

Community Living Brant is committed to providing supports and services to meet the diverse developmental needs of people within the

Our Vision...

Community Living Brant envisions a welcoming, inclusive community where all are encouraged to reach their full potential.

Community Living Brant
366 Dalhousie Street
Brantford, Ontario N3S 3W2

Phone: (519) 756-2662
Fax: (519) 756-7668

Email us at
communitylivingbrant@clbrant.com

Visit us on the web at
www.clbrant.com

Benefits of Membership

- Voting rights and privileges at the Annual General Meeting.
- Eligible to stand for election to the Board of Directors; eligible to vote in elections to determine the members of the Board of Directors; and eligible to sit on committees.
- Receive all newsletters and information material.
- Receive Community Living Ontario newsletters and information material.

Eligibility for Membership

- A.) General Members of the organization must be 18 years of age or older, have paid the annual membership fee, and support the mission, purposes and objectives of the organization.
- B.) Subject to C.) and D.), only persons ordinarily residing or employed in the City of Brantford or the County of Brant are eligible to be General Members.
- C.) Parents or guardians of any recipient of services provided by this organization are eligible for General Membership without regard to place of ordinary residence, but if such person is ordinarily resident outside the City of Brantford or County of Brant, then his or her General Membership ceases when the said services to the recipient cease.
- D.) All persons receiving service, including those paid for their work at the Dunn Building, are eligible.
- E.) Employees and past employees of the organization and similar organizations, as determined in the sole discretion of the Board of Directors, and any person Related to an employee or past employee of this organization are not eligible for General Membership. An employee shall include both part-time and full-time employees and shall specifically not include Directors of, or volunteers to, this organization.



GENERAL MEMBERSHIP

APPLICATION

2017 - 2018

For the period

July 1, 2017 to June 30, 2018

Return Completed form to:

Wendy Matthews
Community Living Brant
366 Dalhousie Street
BRANTFORD ON N3S 3W2

THANK YOU FOR YOUR SUPPORT.

MEMBERSHIP OPTIONS

New Member [] Renewal []

MEMBERSHIP FEES

One Year Individual \$15.00 []
Family \$20.00 []

Two Year Individual \$25.00 []
Family \$35.00 []

Additional Sponsorship Programs are available. Please contact **the Community Relations Department** for more information.

PAYMENT OPTIONS

[] CASH

[] CHEQUE Payable to: Community Living Brant

[] VISA # _____

[] MASTER CARD # _____

Expiry Date: _____

Name on Card: _____

Cardholder's Signature: _____

A tax receipt will be mailed to you.

MEMBER INFORMATION

(Please Print)

Date: _____

Name: _____

Address: _____

City: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____ Ext. ____

Fax: _____

Email: _____

Additional names for Family Membership.
A membership card will be issued to each person listed:

I/We support the Mission and Vision of
Community Living Brant, and confirm that I/
We meet the eligibility criteria for General
Membership.

SIGNATURE(S)

Tell us more . . .

I am a:

- [] User of Services
- [] Parent
- [] Guardian
- [] Relative
- [] Associate Family
- [] Volunteer
- [] General Supporter
- [] Agency Representative

Areas of involvement that interest me are:

- [] Committee Volunteer
- [] Fund Raising Volunteer
- [] Program Volunteer

Our Commitment to Privacy — Personal Information Consent —

1. [] I **hereby authorize** [] I **do not authorize** Community Living Brant to publish my name in the agency's publications or newsletters as a Member of the agency.
2. Membership with CLBrant automatically makes you a member of Community Living Ontario (CLO). Annually, we are asked to provide our Membership List to be used by CLO only for mailing CLO newsletters and information material directly to members. No personal information other than contact information will be provided to CLO.
[] I **hereby authorize** [] I **do not authorize**

Privacy policy: None of the information on this form is at any time public without your permission; all the information is kept confidential.