



NEWVISIONSTORONTO is dedicated to supporting children and adults with developmental and physical disabilities to reach their maximum potential, assume their valued role in society and participate in their community.

Application for Membership

I, the undersigned, hereby apply to be a member of **New Visions Toronto** for the Membership Year ending March 31st. The yearly membership fee has been determined by the Board of Directors to be \$5.00 per member. Members in good standing are eligible to vote at the Annual General Meeting and any Special Meetings.*

* Please note that current staff or anyone else who is being paid to provide a service for New Visions Toronto will not be entitled to a vote during the period of time they are receiving financial remuneration from New Visions Toronto.

Name: _____

Address 1: _____

Address 2: _____

City: _____

Postal code: _____

Home phone: _____

Business phone: _____

Email address:¹ _____

¹ Newsletters and other NVT correspondence will be sent to you electronically

Membership fee: 5.00

Additional donation (optional): _____

Signature: _____

Total:² _____

Date: _____

² A tax receipt will be issued for donations totalling more than \$10

Payment Method:

Credit CardType: _____ Number: _____ Expiry: ____/ ____

Cheque (mail to address below)

I want be a member because (check all that apply):

I have a family member with a disability who is supported by New Visions Toronto

I have a family member with a disability

I appreciate the support New visions Toronto provides for people with disabilities

Other: _____

Thank you for your interest and support.

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www.newvisionstoronto.com

Charitable Registration #11905-6901-RR0001