

**Cerebral Palsy Foundation
Saint John (Inc.)
Membership form**

Date: _____, _____, _____

Name: _____

Address: _____

Postal Code: ____ - ____

Phone #: _____

E-Mail: _____

Please list the people in the immediate household.

Name of Person with C.P. (If not above): _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

There is a \$5.00 membership fee for individual, \$10 for a family in the same house. This helps cover the cost of our activities. This is payable by cash or check (payable to Cerebral Palsy Foundation Saint John).

You can either bring this to our next meeting or mail it to:

Cerebral Palsy Foundation
P.O. Box 2152
Saint John, NB
E2L 3V1