



Community Respite Service Inc.

Membership/Donation

Cost of membership \$25.00 a year per family

Note: If you want to be a member but finances are an issue, please call the office to make special arrangements at 204-953-2401.

Eligibility for Membership
Must be 18 years or older
and have a disability
or
Is an adult care provider of an individual with a disability.

Mr./Mrs./Miss/Ms./Dr. Name (s)

Address: _____

City/Town: _____ Postal Code: _____

Home Phone: _____ Business/Cell phone: _____

Email address: _____

Method of Payment:

Cheque Money Order Cash (drop off only)



Membership Fee \$ _____

*Donation \$ _____

TOTAL Enclosed \$ _____

* A tax receipt will be issued for donation

Volunteering

I would like to be a volunteer with Community Respite Service by:

Joining the Board of Directors

Joining a Committee

Helping at Fundraising Events

Volunteering in the office

Helping wherever I am needed