MISSISSAUGA ASSOCIATION FOR INDEPENDENT LIVING (M.A.I.L)

Charitable #893023564RR0001

MEMBERSHIP APPLICATION FORM

Type of Membership : Individual Family

Name of Member: _____

Address: _____

City: _____ Postal Code:_____

Home Phone #: _____
Emergency Contact: _____ Phone #:_____

ANNUAL MEMBERSHIP (APRIL TO MARCH) Cost $25.00 Yes

PROGRAMS YOU ARE INTERESTED IN:

Life Skills Enhancement Programs	YES	NO
Tuesday Night Program	YES	NO
Sunday Night Bowling	YES	NO
Summer Program	YES	NO

(Please note, specific information regarding the programs will be sent to you in a package later in the summer)

Signature of Parent or Guardian_____ Date_____

I give permission for pictures to be taken of _____ for M.A.I.L. projects.
Name of member

Signature of Parent or Guardian_____ Date_____