



...a resource centre

Centre for Independent Living in Toronto (CILT), Inc.

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**MEMBERSHIP REGISTRATION FORM**

**As a CILT member, you will:**

* support CILT's goal of facilitating the progressive process of independent living for persons with disabilities
* support CILT's ongoing promotion of the Independent Living Philosophy
* stay informed about current issues affecting persons with disabilities
* receive our quarterly newsletter – “CILT Now” and CILT updates
* be entitled to vote at annual or general meetings (PLEASE NOTE: Organizations do not have voting privileges)
* have the opportunity to participate in CILT activities
* have access to CILT resource materials

**Complete the form below and send today. Please PRINT clearly.**

PLEASE NOTE: Income Tax Receipts for membership will be issued only upon request.

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| **Individual Membership**    Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please select (√) the following items as appropriate:  □ I would like to be a CILT member. I am enclosing my membership fee of $10.00.  □ I would like to make an additional contribution in the amount of:  □ $10 □ $25 □ $50 □ $75 □ $100 □ other \_\_\_\_\_\_  (You will receive a tax receipt for your contribution by February of the following year.)  □ I would like to be a CILT member. I am not in a position to contribute financially at this time.  □ Please add my name to the mailing list for:  □ The Peer and Parenting Support Network □ The Volunteer Program □ The Diners Club  □ Social Events (i.e. movie nights, picnics, luncheons)  □ I would appreciate information in an alternate format: □ Large Print □ Braille □ Electronic |
| **Organizational Membership**  Name of Organization : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please select (√) the following items as appropriate:  □ We would like to be a CILT member. We are making a contribution in the amount of:  □ $100 □ $200 □ $500 □ other \_\_\_\_\_\_\_\_ (Please call for non-profit rates) |
| Charitable Business Number: 10689 7861 RR0001  **Please make cheques payable to:** Centre for Independent Living in Toronto (C.I.L.T.) Inc. |

**\* PLEASE TURN OVER TO COMPLETE THIS APPLICATION \***





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| **OPTIONAL: The data collected below will be used SOLELY for demographic purposes and will remain anonymous. This will help us show community needs to our potential funders. This information will not be connected to any personal membership record.**  1. What age-range do you fall within?  □ under 19 □ 50-59  □ 20-29 □ 60-69  □ 30–39 □ 70-79  □ 40-49 □ over 80  2. What is your source of income?  □ Employment  □ Social Assistance (ie: ODSP, Ontario Works, CPP)  □ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    3. If you identify with an ethno-cultural group, please select from the list below:  □ Asian □ Metis  □ Black □ South Asian  □ European □ Multi-racial  □ Indigenous □ Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    4. What gender do you identify with?  □ Male  □ Female  □ Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **THANK YOU FOR YOUR INTEREST IN CILT** |