



### 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.

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



**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?

- |                                   |                                  |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> under 19 | <input type="checkbox"/> 50-59   |
| <input type="checkbox"/> 20-29    | <input type="checkbox"/> 60-69   |
| <input type="checkbox"/> 30-39    | <input type="checkbox"/> 70-79   |
| <input type="checkbox"/> 40-49    | <input type="checkbox"/> 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:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Asian      | <input type="checkbox"/> Metis                         |
| <input type="checkbox"/> Black      | <input type="checkbox"/> South Asian                   |
| <input type="checkbox"/> European   | <input type="checkbox"/> Multi-racial                  |
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Other (please specify): _____ |

4. What gender do you identify with?

- Male
- Female
- Other (please specify): \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST IN CILT**