



**2019 MEMBERSHIP FORM**  
**CHILDREN'S HOSPITAL GUILD OF MANITOBA, INC.**

CE 501,840 Sherbrook Street Winnipeg, MB R3A 1S1  
Telephone: (204) 787-4000 \*Website: www.goodbear.ca\* Email: childrenshospitalguildofmb@gmail.com

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ I wish to receive correspondence by mail

**Email Address** \_\_\_\_\_

\_\_\_\_\_ I wish to receive correspondence by email

**PHONE NUMBERS:** HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

\_\_\_\_\_ I give permission for my contact information to be shared with Guild Members only.

\_\_\_\_\_ I DO NOT give permission for my information to appear on the Membership Roster for 2019

**GUILD ACTIVITIES YOU WOULD LIKE TO BE PART OF:**

- |   |  |
|---|--|
| _____ Bear Essentials Dinner and Fashion Show | _____ Bake Sales (April and November)        |
| _____ Children's Hospital Gift Shop           | _____ CHF Book Market Spring Sale ( April)   |
| _____ Nearly New Shop                         | _____ CHF Book Market Fall Sale ( September) |
| _____ Sew4Kids                                | _____ Social Committee                       |
| _____ Craft Night ( November)                 | _____ Other                                  |
| _____ CHF Teddy Bear's Picnic ( May)          |  |

**ANNUAL MEMBERSHIP FEE \$25 IS DUE JANUARY 31ST OF EACH YEAR**

PAID: Cheque \_\_\_\_\_ # \_\_\_\_\_ Cash \_\_\_\_\_ / MAIL CHEQUE AND FORM TO:

Ilene Holmes, 710 Cloutier Drive, Winnipeg, MB R3V 1A8 / 204-269-6662

WITHDRAWAL FROM THE GUILD- you must advise in writing to the Guild Secretary:  
Diane Wilson Mate, 22 Ridgebury Place, Winnipeg MB R3P 2G8 / samate@shaw.ca

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_