



2020 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 CanadaPost

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 2020

GUILD ACTIVITIES YOU WOULD LIKE TO BE PART OF:

_____ Bear Essentials Dinner and Fashion Show

_____ Children's Hospital Gift Shop

_____ Nearly New Shop

_____ Sew4Kids

_____ Craft Night (November)

_____ CHF Teddy Bear's Picnic (May)

_____ Bake Sales (April and November)

_____ CHF Book Market Spring Sale (April)

_____ CHF Book Market Fall Sale (September)

_____ Social Committee

_____ Other

ANNUAL MEMBERSHIP FEE \$25 IS DUE EACH YEAR

PAID: Cheque _____ # _____ Cash _____ / MAIL CHEQUE AND FORM TO:

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

WITHDRAWAL FROM THE GUILD- you must advise in writing to the Membership Committee.

Leigh-Ann Peterson lalpeter@shaw.ca

SIGNATURE: _____

DATE: _____