



2022 MEMBERSHIP FORM

CHILDREN'S HOSPITAL GUILD OF MANITOBA, INC.

CE 501,840 Sherbrook Street Winnipeg, MB R3A 1S1

Telephone: (204) 787-4000 *Website: goodbear.ca* Email: childrenshospitalguildofmb@gmail.com

NAME: _____

ADDRESS: _____ Postal Code: _____

I wish to receive correspondence by CanadaPost

EMAIL ADDRESS _____

I wish to receive correspondence by email

PHONE NUMBERS: HOME: _____ CELL: _____

The current activities I am interested in are:

Nearly New Shop Sew4Kids Social Committee Fundraisers

I am interested in the following activities, if and when they resume:

Dinner and Fashion Show Bake Sales (April and September)
 Children's Hospital Gift Shop CHF Book Market (April and September)
 Craft night (November) Social Committee
 CHF Teddy Bear's Picnic (May) Other

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

Payment may be made by cheque or e-transfer.

Cheques should be made out to: Children's Hospital Guild of Manitoba, Inc.

PLEASE MAIL CHEQUE AND COMPLETED MEMBERSHIP FORM TO:

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

E-Transfers should be submitted to: childrenshospitalguildofmb@gmail.com. Please include your name and reason for payment and send a completed MEMBERSHIP FORM to Ilene at the above address.

WITHDRAWAL FROM THE GUILD- Please write to the Guild Secretary:

Lorraine O'Leary, 51 Sandale Drive, Winnipeg, MB R2N 1A3 Email: leg.o@hotmail.com, if you no longer wish to be a member.

*** I give permission for my contact information to appear on the Membership Roster for 2022

YES NO

SIGNATURE: _____ DATE: _____

PAID: Cheque # _____ Cash

Date of e-Transfer receipt _____