



2021 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 appear on the Membership Roster for 2021. YES _____ NO _____

GUILD ACTIVITIES YOU WOULD LIKE TO BE PART OF:

- | | |
|--------------------------------------|---|
| _____ Annual 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 of \$25 IS DUE JANUARY 31ST OF EACH YEAR

Cheque should be made out to: Children's Hospital Guild of Manitoba
PLEASE MAIL CHEQUE AND COMPLETED FORM TO:

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

PAID: Cheque _____ # _____ Cash _____

WITHDRAWAL FROM THE GUILD- you must advise in writing to the Guild Secretary:
Lorraine O'Leary, 51 Sandale Drive, Winnipeg, MB R2N 1A3 Email: leg.o@hotmail.com

SIGNATURE: _____ DATE: _____