



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:

- | | |
|---|--|
| <input type="checkbox"/> Annual Dinner and Fashion Show | <input type="checkbox"/> Bake Sales (April and November) |
| <input type="checkbox"/> Children's Hospital Gift Shop | <input type="checkbox"/> CHF Book Market Spring Sale (April) |
| <input type="checkbox"/> Nearly New Shop | <input type="checkbox"/> CHF Book Market Fall Sale (September) |
| <input type="checkbox"/> Sew4Kids | <input type="checkbox"/> Social Committee |
| <input type="checkbox"/> Craft Night (November) | <input type="checkbox"/> Other |
| <input type="checkbox"/> 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, Inc.

PLEASE MAIL CHEQUE AND COMPLETED FORM TO:

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

PAID: Cheque ___ # _____ Cash _____

E-Transfer may be submitted to: childrenshospitalguildofmb@gmail.com. Please include your name and reason for payment.

Date of e-Transfer receipt _____

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: _____