



2022 MEMBERSHIP FORM

CHILDREN'S HOSPITAL GUILD OF MANITOBA, INC.

715 McDermot Ave, Winnipeg, MB R3E 1M6

Telephone: (204) 594-5323 *Website: goodbear.ca* Email: childrenshospitalguildofmb@gmail.com

NAME: _____

ADDRESS: _____ Postal Code: _____

I wish to receive correspondence by Canada Post

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 Virtual Fundraising Dinners

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

Dinner and Fashion Show Social Committee
 Children's Hospital Gift Shop Bake Sales (April and September)
 Craft night (November)

How did you learn about the Children's Hospital Guild? _____

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 _____