

2024 MEMBERSHIP FORM

CHILDREN'S HOSPITAL GUILD OF MANITOBA, INC.

533A -5th floor, 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 CanadaPost

EMAIL ADDRESS _____

_____ I wish to receive correspondence by email

PHONE NUMBERS: HOME: _____ CELL: _____

Guild activities you would like to participate in:

_____ Nearly New Shop _____ Sew4Kids _____ Fundraising Events

_____ Fashion Show _____ CH Book Market _____ Social Committee

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:

Janet Forbes, 854 Laxdal Road, Winnipeg, MB R3R 0X1 Email: jforbes@aclwpg.ca

if you no longer wish to be a member.

*** I give permission for my contact information to appear on the Membership Roster for 2024

YES _____ NO _____

SIGNATURE _____ DATE _____

PAID: Cheque _____ # _____ Cash _____

Date of e-Transfer receipt _____