



Continuity Care Inc.

Supporting families in Manitoba to plan for an enriched quality of life for their family member with an intellectual disability

MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____

PHONE (H): _____ PHONE (W): _____

EMAIL: _____

With a membership you will enjoy free workshops during the year, one to one planning, voting privileges at AGM and a complimentary copy of The Circle of Life workbook.

Yes, please send my newsletter and publications by email

1 Year Family Membership \$20

Cash

Lifetime Family Membership \$250
(eligible for Sharing Circle of Support Program)

Cheque (payable to Continuity Care)

Please accept my donation of \$ _____
(Tax receipt is issued for donations of \$10 or more)



VISA MASTERCARD

Credit Card # _____

TOTAL PAYABLE \$ _____

Expiry (mm/yy) _____

Name on Card: _____

Signature: _____

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For office use only

Date _____ Rec'd \$ _____ Cash Cheque # _____ Credit Card Receipt issued Workbook