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Membership Form April 1, 20___ to March 31, 20___

I would like to become a member of RISE. Please make cheque payable to: RISE in the amount of:

Circle One: Single Member - \$20 | Family Member - \$35 | Corporate Member - \$55

I am interested in exploring volunteer opportunities with RISE.

Regular print | Large print | Paperless (email)

I would like to receive the newsletter in the following format:

Circle One:

 I would like more information on the following core programs Research + Development: Program Delivery, Proposal Writing, etc. Information + Referrals: Housing, Transportation, Accessibility, Issues/Concerns, etc. Supports: Peer, Direct Funding Program, Volunteering, Networking + Community, etc. Empowerment: Advocacy, Employment, Social / Life Skills, Citizenship, etc. 					
	\$10	DONATION (II	ncome Tax recei	eipt will be issued for \$10 or more): Other Amount: \$	
Print Name:			Signature:		
Mailing Address & Postal Code:					
Phone / Mobile: Email:					

Return Membership form and Cheque to RISE (address noted at top of this form)