

21 William St, Parry Sound, ON P2A 1V2 **Tel**: 705-746-6996 **Toll Free**: 1-800-634-6828

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Website: www.risercil.ca

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 - \$15 | Family Member - \$25 | Corporate Member - \$45

____ 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 li	ke more inform	ation on	the following core programs	
InformSuppo	rts : Peer, Direct Fu	Housing, Transp nding Program,	ortation Volunte	posal Writing, etc. n, Accessibility, Issues/Concerns, etc. eering, Networking + Community, etc. Life Skills, Citizenship, etc.	
DONATION (Income Tax receipt will be issued for \$10 or more):					
\$10	\$50	\$100	\bigcirc	Other Amount: \$	_
Name:					
Address & Postal Co	de:				
Phone (H):		Cell:		Email:	
Signature:					

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