



INDIVIDUAL MEMBERSHIP APPLICATION FORM

Date of Application: _____
Year / Month / Day

FOR OFFICE USE ONLY

Date Received _____
Membership # _____
Amount Paid _____

Applicant must be a resident of Ontario.

Applicant is (please check one):

- Person with cerebral palsy (cerebral palsy support documentation required. A signed letter or document from an authorized General Practitioner, Occupational Therapist or Physiotherapist stating the applicant has cerebral palsy. We will accept a copy of a letter or document you already have, regardless of the date.)
- Other _____ Please specify (parent, family member, professional/supporter, etc.)

APPLICANT INFORMATION (Please Print)

Name: _____ First Name Last Name	
Date of Birth : _____ Year / Month / Day	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____	
City: _____	Province: _____ Postal Code: _____
Home Phone: _____	Cell Phone: _____ Bus. Phone: _____
Email: _____	<input type="checkbox"/> Add to OFCP electronic mailing list

CONTACT PERSON (If applicant is under 18 years of age and/or requires assistance)

Name: _____ First Name Last Name	
Relation to Applicant: _____	
Address: _____	
City: _____	Province: _____ Postal Code: _____
Home Phone: _____	Cell Phone: _____ Bus. Phone: _____
Email: _____	<input type="checkbox"/> Add to OFCP electronic mailing list

**Ontario Federation for Cerebral Palsy
We Appreciate Your Support!**

NOTE:

- A person employed by the OFCP is ineligible for membership.
- A person employed by an OFCP Member Group is ineligible for membership.

Membership Fees:

- People with cerebral palsy are required to pay a one-time fee of \$10.00 for a lifetime membership.
- Individuals who are members of the OFCP Member Groups and have cerebral palsy are automatically considered members of the OFCP but must still complete the membership application form. *Note: The Member Group name must be indicated at the top of the application form.
- A member who does not have cerebral palsy is required to pay an annual membership renewal fee of **\$20.00** every January.

Please check that you have included the following items before mailing in your application:

- Cerebral palsy support document/letter
- \$10 membership fee (cheque, money order).

If you have any questions, please contact Lynn Addae at 416-244-9686 ext. 231
or 1-877-244-9686 ext. 231 or email membership@ofcp.ca
Incomplete applications will be returned with instructions.

Please mail completed form to:

**Membership Program
Ontario Federation for Cerebral Palsy
1630 Lawrence Avenue West, Suite #104
Toronto, Ontario, M6L 1C5**

Disclaimer

The OFCP collects, uses and discloses personal information related to this application only for the purposes of assessing, processing and administering this application for individual membership with the above-mentioned applicant/contact person. I consent and (as applicable) confirm the user's consent to this collection, use, disclosure of personal information. For additional information regarding the OFCP Privacy policy please refer to the OFCP website, www.ofcp.ca

Signature of applicant or designated contact person: _____