



## 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 : _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Year / Month / Day		
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](mailto: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](http://www.ofcp.ca)*

Signature of applicant or designated contact person: \_\_\_\_\_