

2017 MEMBERSHIP FORM

CHILDREN'S HOSPITAL GUILD OF MANITOBA, INC.

CE 501, 840 Sherbrook Street Winnipeg, MB R3A 1S1 Telephone (204) 787-4000 www.goodbear.mb.ca
email: childrenshospitalguildofmb@gmail.com

NAME: _____

MAILING ADDRESS: _____

Email Address **THE PREFERENCE IS TO USE EMAIL TO REDUCE PAPER AND COSTS

PHONE NUMBERS: HOME: _____ CELL: _____

____ I give permission for my contact information to be shared with Guild Members ONLY

____ I DO NOT give permission to share my contact information with Guild Members

GUILD ACTIVITIES YOU WOULD LIKE TO BE PART OF:

- | | |
|--|--|
| ____ BEAR ESSENTIALS DINNER & FASHION SHOW | ____ BAKE SALES (APRIL & NOVEMBER) |
| ____ CHILDREN'S HOSPITAL GIFT SHOP | ____ CHFM BOOK MARKET SPRING SALE (APRIL) |
| ____ NEARLY NEW SHOP | ____ CHFM BOOKMARKET POCKETBOOK SALES (FEBRUARY, SEPTEMBER) |
| ____ SEW4KIDS | ____ SOCIAL COMMITTEE |
| ____ CRAFT NIGHT (NOVEMBER) | ____ OTHER |
| ____ CHFM TEDDY BEAR'S PICNIC (MAY) | |

ANNUAL MEMBERSHIP FEE \$25 IS DUE JANUARY 31st OF EACH YEAR

WITHDRAWAL FROM THE GUILD – If you wish to resign from the CHGM, you must advise in writing to the guild secretary: Gladys Stewart, 353 Brock St., Winnipeg MB R3N OY8 / gladysstewart@gmail.com

PAID: Cheque _____ # _____ Cash _____ /MAIL CHEQUE AND FORM TO:
ILENE HOLMES, 710 CLOUTIER DR., WINNIPEG, MB R3V 1A8 / 204-269-6662

Signature _____ Date _____

