



2018 MEMBERSHIP FORM

CE 501, 840 Sherbrook Street Winnipeg, MB R3A 1S1

Telephone: (204) 787-4000 *E-mail: 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 FALL SALE (SEPT.) |
| ____ SEW4KIDS | |
| ____ CRAFT NIGHT (NOVEMBER) | ____ SOCIAL COMMITTEE |
| ____ CHFM TEDDY BEAR'S PICNIC (JUNE) | ____ OTHER |

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

PAID: Cheque _____ # _____ Cash _____ /

MAIL CHEQUE AND FORM TO: THE CHILDREN'S HOSPITAL GUILD - 710 CLOUTIER DR., WINNIPEG,
MB R3V 1A8 / 204-269-6662

Signature _____ **Date** _____

Note: 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