



## 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         | ____ CHF M BOOK MARKET SPRING SALE (APRIL) |
| ____ NEARLY NEW SHOP                       | ____ CHF M BOOKMARKET FALL SALE (SEPT.)    |
| ____ SEW4KIDS                              |  |
| ____ CRAFT NIGHT (NOVEMBER)                | ____ SOCIAL COMMITTEE                      |
| ____ CHF M 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:** Ilene Holmes - 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