



2018 MEMBERSHIP FORM

CHILDREN'S HOSPITAL GUILD OF MANITOBA, INC.

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

Telephone: (204) 787-4000 * Website: www.goodbear.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

GUILD ACTIVITIES YOU WOULD LIKE TO BE PART OF:

- | | |
|---|---|
| _____ BEAR ESSENTIALS DINNER & FASHION SHOW | _____ BAKE SALES (APRIL & NOVEMBER) |
| _____ CHILDREN'S HOPITAL GIFT SHOP | _____ CHF BOOK MARKET SPRING SALE (APRIL) |
| _____ NEARLY NEW SHOP | _____ CHF BOOKMARKET FALL SALE (SEPT) |
| _____ SEW4KIDS | |
| _____ CRAFT NIGHT (NOVEMBER) | _____ SOCIAL COMMITTEE |
| _____ CHF TEDDY BEAR'S PICNIC (MAY) | _____ OTHER |

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

WITHDRAWL FROM THE GUILD – you must advise in writing to the guild secretary: Diane Wilson Mate, 22 Ridgebury Place., Winnipeg MB R3P 2G8/samate@shaw.ca

PAID: Cheque _____ # Cash _____ /MAIL CHEQUE AND FORM TO:

Ilene Holmes, 710 Cloutier Drive, Winnipeg, MB R3V 1A8/204-269-6662

Signature _____ Date _____