

Signature:

☐ Patron (\$200 - 499)

## **Membership | Donation Form**

Please return this completed form to: N.A.C.L. Attention: Membership 644 Ireland Road Simcoe, ON N3Y 4K3 **OR** Scan and email to: **membership**@nacl.ca Payments can be made by Cash or Cheque (made out to NACL) at the address above. Also by Credit Card with our Paypal Account, accessible via our website - http://www.nacl.ca/pages/membership -----Name (Please print): Phone #: Mailing Address: Postal Code E-mail Address: MEMBERSHIP FEE: FOR PEOPLE SUPPORTED BY THE ASSOCIATION □ \$10.00 □ \$20.00 INDIVIDUAL MEMBERSHIP FAMILY MEMBERSHIP □ \$30.00 (Immediate family only) We would be pleased to issue membership cards to other adult members residing in your home. Please provide the names of individuals you wish included on your family membership. This application for membership to NACL (Norfolk Association for Community Living) is made by me for the benefits and privileges of membership. I acknowledge and agree to support the Bylaw, mission, strategic directions and operation of NACL, as it strives to support individuals with developmental disabilities. I understand that membership runs for a twelve (12) month period covering the calendar year (January-December). I subscribe and agree to the terms set out herein as indicated by my signature below. I realize that my voting privileges will come into effect 60 days after the purchase of this membership. I wish to receive NACL's Newsletter "Insight" in (select one) ☐ Digital Version (PDF)  $\square$  Print Form

I wish to support the valuable work of NACL and have enclosed a donation of \$ \_\_\_\_\_\_, in addition to my membership dues.

☐ Distinctive Sponsor (\$500+)

And/or you may wish to receive a tax deductible receipt by becoming a Friend of the Association, Sponsor,

Benefactor, Patron, Distinctive Sponsor or Corporate Sponsor as outlined below:

 $\square$  Friend of the Association (\$25 - 49)  $\square$  Sponsor (\$50 - 99)

Date:

☐ Benefactor (\$100 - 199)

☐ Corporate Sponsor