



# EMPOWERING

*people with disabilities*

## **Application for Service Membership**

Membership fees are a vital source of revenue for the Society that enables us to provide support, **increase awareness, and offer services, resources and programs for individuals with disabilities or special** needs and their families.

**Your \$20.00 annual membership entitles you to:**

- **A charitable tax receipt for the full amount**
- **Our newsletter**
- **Attendance at our annual general meeting**
- **Advance notice of our events and programs**
- **Access to our charitable programs**

**I \_\_\_\_\_ hereby apply for membership or to renew my membership with Easter Seals Alberta (also known as Easter Seals Alberta Society).**

**I acknowledge that as a Member, I must support and endorse the work and goals of the Society, pay the annual membership fee, and adhere to the Bylaws of the Society\* at all times during my membership in the Society.**

I will fulfill my responsibilities as a Member of the Society during my membership in the Society.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Name of Individual Member \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**\*\*Please note memberships are \$20.00 per person annually.**

A tax receipt will be sent out upon receipt of payment.

There are 3 ways to pay:

1) Cheque – please make cheque payable to: Easter Seals Alberta

2) VISA  Mastercard  or American Express  ( Please check one):

Name on Card \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ (please print form and sign)

3) On-Line – Please visit [www.easterseals.ab.ca](http://www.easterseals.ab.ca) (Donations/Membership)

\*Society By-laws are available upon request at the offices of Easter Seals Alberta Society. Contact Edmonton (780) 429-0137 or Calgary (403) 235-5662, or e-mail the organization at: [info@easterseals.ab.ca](mailto:info@easterseals.ab.ca).



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## RELEASE OF INFORMATION FOR PUBLICITY

Easter Seals Alberta frequently uses client photographs, thank you letters, personal stories, and/or other identifying material in order to help the general public understand our clients' needs, motivate potential donors to give, and inform our sponsors of the benefits of their donations. Easter Seals Alberta requests your consent to use your personal information.

Please check only the box(es) next to the information for which you give your consent.

- photograph
- thank you letter
- article
- none of the above
- first name only
- first and last name
- city/town of residence
- diagnosis/disability
- age
- personal story

Please check only the box(es) next to the types of communication for which you give your consent.

- Annual report
- Newsletter
- Website ([www.easterseals.ab.ca](http://www.easterseals.ab.ca))
- Newspaper article
- Fundraising efforts
- Any other publication that will assist Alberta Easter Seals

I, \_\_\_\_\_, hereby authorize Easter Seals Alberta to use  
(print name)

my information only for the purposes I have indicated above.

I release Easter Seals Alberta, its employees, the board of directors, and its agents from all claims which may arise as a result of the release of information described above.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

Please return completed form to:

**Red Deer and north:**  
Easter Seals Alberta  
Mayfield Business Centre  
404, 10525 170 Street NW  
Edmonton, AB T5P 4W2  
Fax 780.429.0137

**OR south of Red Deer:**  
Easter Seals Alberta  
103, 811 Manning Road NE  
Calgary, AB T2E 7L4  
Fax 403.248.1716