

# Kerry's Place Autism Services & Kerry's Place Residential Services Membership Application / Renewal Form

Enrolment in the Membership Program grants dual membership with Kerry's Place Autism Services (Kerry's Place) and Kerry's Place Residential Services (KPRS) and voting rights at the Annual General Meetings (AGM) of both organizations. Memberships are valid for one year and expire on March 31. Membership eligibility includes the parents, adult sibling/relative or a Substitute Decision Maker of an individual in Supported Living or Semi-Independent Living with Kerry's Place.

Name:		
Address:		
City:	Province:	Postal Code:
Phone:	Email:	

			Quantity	Total
	Regular Membership			
	(membership can only be allocated to 2	\$20.00 each	x	= \$
	members for each supported individual)			Ý
	As a member, I would like to make a one-time donation in the amount of:			+\$
	Total amount of membership fee + donation:			= \$
If purchasing more than one membership, please indicate the name of the additional member:				
Name of person in Supported Living or Semi- Independent Living with Kerry's Place:				
Relationship to the person in Supported Living or		□ Parent □ S	Sibling 🛛 🗆 Othe	er Relative
Semi-Independent Living with Kerry's Place:		Substitute Decision Maker		

# Please submit completed form and payment made by cheque to: Kerry's Place, Attention Membership Fees, 17345 Leslie Street, Suite 200, Newmarket, Ontario, L3Y 0A4.

### Thank you for your support!

### **Our Privacy Statement**:

*Kerry's Place Autism Services is committed to protecting the privacy and confidentiality of the personal information collected by Kerry's Place from our members and donors. Please indicate your wishes below.* 

- $\Box$  Do not publicly acknowledge my donation.
- □ Do not include me on your mailing list.

### Kerry's Place Autism Services

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