



# INDIVIDUAL MEMBERSHIP APPLICATION FORM

Please print in pen.

Date of Application: \_\_\_\_\_  
Year / Month / Day

Date of Birth: \_\_\_\_\_  
Year / Month / Day

You are (check one):

- Person with cerebral palsy  
(cerebral palsy support documentation required)
- Parent/Family member of a person with cerebral palsy
- Professional / Supporter who has an interest in the welfare of persons with cerebral palsy  
(Professional / Supporter applicants must complete questions 1 – 3 on page 2.)

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

Membership # \_\_\_\_\_

Amount Paid \_\_\_\_\_

Renewed - Date \_\_\_\_\_

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_

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

Homephone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## CONTACT PERSON NAME (if applicant is under 18 years of age)

Name: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_

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

Homephone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## NOTE

- A person employed by the OFCP is ineligible for membership.
- A person employed by an OFCP Member Group is ineligible for membership.
- A person who is currently a member of a Member Group can become an Individual Member but cannot vote as an Individual Member.

## Professional / Supporter - please complete questions 1 – 3.

1. Why do you want to join the OFCP as an individual member?

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2. Do you have a special skill that could help OFCP in meeting its objectives?

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3. Reference, if you are a Professional/Supporter, from an OFCP member in good standing.

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## Your Membership Includes

- Individual members who have cerebral palsy are eligible to apply for funding assistance from OFCP for equipment, vacation and community based day programs.
- Individual members in good standing are entitled to one vote at all OFCP General Meetings provided that they did not vote as a member of a member group. Members will receive mail outs throughout the year, including the OFCP newsletter, InformAction.

## Membership Fees

- Persons with cerebral palsy are required to pay initial \$10.00 membership fee for life-time membership; Individuals who are members of the OFCP Member Groups are automatically considered as individual members of the OFCP but must still complete an Individual Membership application form.
- Parents, family members, professionals and supporters are required to pay annual \$10.00 membership fee;
- Membership fee is non-refundable.

## Disclaimer

The OFCP collects, uses and discloses personal information related to this application only for the purposes of assessing, processing and administering this application for individual membership with the above-mentioned applicant/contact person. I consent and (as applicable) confirm the user's consent to this collection, use, disclosure of personal information. For additional information regarding the OFCP Privacy policy please refer to the OFCP website, [www.ofcp.ca](http://www.ofcp.ca)

Signature of Applicant: \_\_\_\_\_

If you have any questions, please contact the Ontario Federation for Cerebral Palsy at 416-244-9686 or 1-877-244-9686. **Please return completed form by mail to:**

Ontario Federation for Cerebral Palsy  
1630 Lawrence Avenue West, Suite #104  
Toronto, Ontario, M6L 1C5