



Nipissing Association for Disabled Youth

Membership Application: January 1 2012 to December 31 2012

Please complete the following and send it to:

NADY Membership
One Kids Place
400 McKeown Avenue
North Bay, ON, P1B0B2

NADY POLICY: FOR INSURANCE REASONS, YOU MUST BE A PAID MEMBER TO PARTICIPATE IN ANY NADY PROGRAMS. ONLY PAID MEMBERS, 18 YEARS OF AGE AND OLDER, IN GOOD STANDING HAVE VOTING PRIVILEGES OR CAN HOLD OFFICE. THERE IS ONE VOTE PER MEMBERSHIP.

VOTING MEMBERS NAME: _____

All information on this form is for the sole use of the Nipissing Association for Disabled Youth directors and insurers.

PARENTS/GUARDIANS: _____

ADDRESS: _____

STREET

CITY

POSTAL CODE

TELEPHONE #: _____ **E-MAIL (PLEASE PRINT):** _____

SIGNATURE: _____ **DATED:** _____

CHILD'S NAMES (AGED 17 AND UNDER)	DATE OF BIRTH (DD/MM/YY)	DISABILITY (IF APPLICABLE)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE INDICATE WHICH OF THE FOLLOWING PROGRAMS YOU WOULD LIKE TO PARTICIPATE IN. PARTICIPANTS MUST HAVE A DISABILITY AND BE 6 YEARS OF AGE OR OLDER FOR EACH PROGRAM EXCEPT SWIMMING (NO AGE LIMIT).

- A. RECREATION PROGRAM _____
- B. HOCKEY TICKETS: LAKERS _____ TRAPPERS _____
- C. FAMILY SWIM _____
- D. HORSEBACK RIDING _____
- E. DOWNHILL SKIING AT LAURENTIAN _____
- F. PADDLE _____

FOR MORE INFORMATION ON SERVICES PROVIDED AND HOW TO REGISTER FOR OUR PROGRAMS, YOU CAN VISIT OUR WEBSITE (www.nady.ca), EMAIL US (nady@onekidsplace.ca) OR PHONE US (705-476-5437 ext. 3550).

WOULD YOU BE AVAILABLE TO WORK A BINGO? YES _____ NO _____

I WOULD LIKE TO RECEIVE THE NEWSLETTER BY: EMAIL _____ MAIL _____ WEBSITE _____

Our regular meetings are held on the third Tuesday of each month at One Kids Place at 7pm. Your attendance is welcome.

WE ARE COMMITTED TO PROVIDING QUALITY PROGRAMS FOR YOUTH WITH SPECIAL NEEDS.

FOR OFFICE USE:

ANNUAL MEMBERSHIP FEE IS \$5.00 PER VOTING MEMBER – PAID BY: CASH _____ CHEQUE # _____

MEMBERSHIP #: _____ DATE RECEIVED: _____