



Stroke Recovery Association of Manitoba

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MEMBERSHIP APPLICATION FORM 2018

Last Name:		First Name:	
Address:			
Phone Number	Home:	Cell	
Email Address:			
Handi – Transit #			

EMERGENCY CONTACT INFORMATION

Name:			
Address:			
Phone:		Relationship:	

Are there any medical conditions we should be aware of? (Please list below)

PHOTO PERMISSION RELEASE

I grant Stroke Recovery Association of Manitoba (SAM), its representatives and employees the right to take photographs of me and my property in connection with the above identified event. I authorize SAM, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that SAM may use such photographs of me with or without my name and for any lawful purposes, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature:				Date:	
Payment Method	Cash	Cheque	Receipt #	Entered on Database by:	

INDIVIDUAL - \$25.00

GROUP/FAMILY MEMBERSHIP - \$35.00

ORGANIZATION/CORPORATE MEMBERSHIP - \$75.00 (Does not include AGM Participation)