



## MEMBERSHIP APPLICATION & RENEWAL FORM

*Stay connected. Stay supported. Stay part of the Children's Bridge community.*

Membership is open to past adoptive families, current and prospective families, extended family and friends, and community supporters who want to stay connected to The Children's Bridge.

### 1. Membership Type

|                                                   |                                           |
|---------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> <b>1-Year Membership</b> | <b>\$50 + HST = \$56.50</b>               |
| <input type="checkbox"/> <b>3-Year Membership</b> | <b>\$130 + HST = \$146.90 • Save \$20</b> |

☐ New Membership   ☐ Renewal

### 2. Member Information

|                               |       |
|-------------------------------|-------|
| Primary Member Name           | _____ |
| Spouse / Partner (optional)   | _____ |
| Mailing Address               | _____ |
| City / Province / Postal Code | _____ |
| Email                         | _____ |
| Phone                         | _____ |

### 3. Your Connection to The Children's Bridge

- ☐ Past adoptive family  
☐ Current / waiting adoptive family  
☐ Prospective adoptive family  
☐ Extended family / friend  
☐ Community supporter  
☐ Other: \_\_\_\_\_

|                                       |       |
|---------------------------------------|-------|
| Adoption Program / Country (optional) | _____ |
| Approx. Year of Adoption (optional)   | _____ |

### 4. Staying Connected

I would like to receive:

- ☐ Children's Bridge news and updates   ☐ Event information   ☐ Workshops / learning opportunities   ☐ Volunteer or community opportunities

**Preferred communication:** ☐ Email   ☐ Phone

### 5. Payment

Membership selected above: ☐ \$56.50 (1 year)   ☐ \$146.90 (3 years)

Payment method: ☐ Online   ☐ E-transfer   ☐ Cheque   ☐ Other: \_\_\_\_\_

Payment reference / notes (if applicable): \_\_\_\_\_

## 6. Confirmation

By signing below, I confirm that the information provided is accurate and that I wish to join or renew my membership with The Children's Bridge.

|                  |             |
|------------------|-------------|
| Signature: _____ | Date: _____ |
|------------------|-------------|

**Thank you for supporting The Children's Bridge community.**

Please return this form with payment using the instructions provided by The Children's Bridge.