



Simply complete the form below and send it with your payment to the address as shown.

Single or Family Membership Fee: \$10.00

Please complete this application and send it with a cheque (\$10) payable to **Community Living Chatham-Kent** to:

Community Living Chatham-Kent
PO Box 967
650 Riverview Drive, Unit 2
Chatham, Ontario N7M 5L3

* Last Name	* Street Name and Number
* Given Name	* PO Box
* Home Telephone	* City/Town/Village
Business Telephone	* Postal Code
Email Address	

* Required Information

Please check one: Single Membership Family Membership*

*FOR VOTING PURPOSES, if family membership has been chosen, please indicate the names of people this includes (must be over the age of eighteen and **residing at your address**).

Name (s): _____

Is a member of your immediate family employed by Community Living Chatham-Kent?

Yes No