



MEMBERSHIP FORM

Thunder Bay Family Network

Mailing Address: 977 Alloy Drive, Unit 15

Thunder Bay, ON P7B 5Z8

Office: (807) 577-0034

info@tbfm.ca

www.tbfm.ca

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Tel: () _____ Work: () _____

Fax: () _____ Email address: _____

Options (please indicate one of the following options):

- Organizational Supporter \$50
- Basic Membership \$10

If choosing a Basic Membership, please indicate if you are interested in learning more about and/or purchasing any of the following services (check all that apply):

- Future Planning Consultation
- Developing a Personal Support Network

If checking any of the above, a staff member will be contacting you to discuss further.

Dated on this day of _____, 20_____

Signature _____

Membership term is based on the fiscal year (April 1 – March 31)
Please make all cheques/money orders payable to Thunder Bay Family Network.