



Secretary
CNIB
1929 Bayview Avenue, Toronto, Ontario M4G 3E8

MEMBERSHIP APPLICATION FORM IN RESPECT OF ORDINARY MEMBERS

.....20.....

I hereby apply to become an Ordinary Member of the Canadian National Institute for the Blind (CNIB). If elected as a member of the Institute, I agree to abide by the Bylaws of the Institute and to perform the obligations of members as therein provided.

I enclose the sum of \$25.00 in payment of my membership fee for a one year membership for the current year or \$100 for a five year membership.

.....
Signature of Applicant

NAME

ADDRESS.....
.....

TEL: E-Mail:

QUALIFICATIONS AND DUTIES OF MEMBERS

All members in any class of membership shall be elected by a majority vote of the Board. Applications for membership shall be on a form approved by the Board, shall be signed by the applicant and shall contain an agreement by the applicant to abide by the Bylaws of the Institute and to perform the obligations of members as therein provided, and shall be forwarded to the Secretary to be brought before the Board. Any persons over the age of majority in the jurisdiction in which he/she resides shall be eligible to be a member.

FEES

1. Annual Fees of Members shall become due on the first day of each fiscal year of the Institute.
2. The fees to be paid by a Member shall be determined by resolution of the Board from time to time.

Please indicate preferred format for our records.

Braille Audio CD: Standard Daisy Large Print Regular Print E-Mail

NOTE:

From time to time, we may provide the Members of the Institute with opportunities to donate to CNIB through our direct mail and telemarketing programs. It is CNIB practice not to exchange the names of our Members of the Institute with any other charities.

If you do not wish to receive such solicitations in the future, please check here.