



**Up to the
Membership Year
Ending
December 31, 2011**

Administration Office
120 Canby Street, P.O. Box 190
Port Robinson, Ontario L0S 1K0
Phone: 905-384-1172 **Fax:** 905-384-2691
Web: www.ntec-nss.com

*Supporting the abilities and contributions of
persons with special needs
through a professional, caring and inspired team*

MEMBERSHIP REGISTRATION

MEMBERSHIP CATEGORIES

Voting Categories	Non-Voting Categories
<input type="checkbox"/> Individual (one adult) \$8	<input type="checkbox"/> Associate (one adult) \$5 (Anyone who is an employee of, or a person receiving services from this or any other legally-related organization)
<input type="checkbox"/> Family (one or more adults 18 and older residing in the same household) \$10	<input type="checkbox"/> Junior Associate (one child) \$5 (Any child/youth from 10 to 17 years of age)
<input type="checkbox"/> Corporate (one vote) \$15	<input type="checkbox"/> Patron* (one or more adults residing in the same household) \$50 and up
<input type="checkbox"/> Patron* (one or more adults residing in the same household) \$50 and up	

* The Patron membership category receives a donation receipt for any amount over \$10, and can be accorded to voting and non-voting categories.

PLEASE FILL IN THE FOLLOWING INFORMATION:

Name(s): _____

Address (including postal code): _____

Telephone: _____ Email: _____

PAYMENT OPTIONS

Charge to: Cheque Enclosed Cash Enclosed Donation (if desired)

CARD #: _____ Expiry Date: _____

X _____
Signature of Authorization

PAYMENT ENCLOSED	
Membership Fee	_____
Donation (if desired)	_____
TOTAL ENCLOSED	_____

PLEASE MAKE CHEQUES PAYABLE TO, AND RETURN THIS FORM TO:
Niagara Support Services, 120 Canby Street, Box 190, Port Robinson, ON L0S 1K0

*A charitable organization registered under the
Business Number (BN) 10696 2848 RR0001*

THANK YOU FOR YOUR SUPPORT