

Resource Connection Membership Form



103-75 Watline Avenue
Mississauga ON L4Z 3E5
905-507-9360
www.cdrcp.com

Please Print:

First Name: _____ Last Name: _____

Home Address: (street name and number) _____

Apt/Unit _____ City: _____ Postal Code: _____

Home Phone Number: _____ Cell Number: _____

Work Number: _____ E-Mail Address: _____

Type of Membership

(please circle one of the following)

Individual Agency Parent Respite Student

If you are registering for an agency membership please fill out the following information:

Agency's Name: _____

Agency's Address: (Street name and number) _____

Unit #: _____ City: _____ Postal Code: _____

Agency Phone Number: _____ Ext: _____

Please sign below.

I _____, hereby give permission to the Resource Connection at CDRCP to keep this information on file. I understand the Membership Guidelines as well as the Rules of Membership.

(Signature)

(Date)

Due to insurance regulations, no one 16 years or younger is allowed in the Resource Connection.

For office use only

Membership # _____ Membership Info Entered _____ Fees Received _____ Fees Waived _____