



Application for Membership

Class A Voting Membership shall be available:

- to an individual who has received services offered by or through the Society for Manitobans with Disabilities Inc. within two years prior to application; **or**
- to a parent or legal guardian of a child who has received services offered by or through the Society for Manitobans with Disabilities Inc. within two years prior to application; **or**
- to an individual with a disability who is a member in good standing of a corporation or other organization which has signed a participation agreement with SMD Self-Help Clearinghouse Inc.

Each **Class A** member is entitled to receive notice of, attend and to one (1) vote at all meetings of members.

The application for membership shall be in the form approved by the Board and include the appropriate payment.

Name: (Mr./ Mrs./ Ms.)	
Mailing address:	
City:	Postal Code:
Home telephone:	Day time telephone (if different):
Email:	
Preferred communication by: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Mail	

Please complete either (a), (b), or (c) below:

(a) the SMD program(s) from which you have received service *(Please specify)*

(This includes, but is not limited to persons participating in the Manitoba Parking Permit, Wheelchair Services, Adult Rec. etc.)

(b) the parent or legal guardian of a child who has received services offered by or through the Society for Manitobans with Disabilities Inc.

Name of Child: _____

(c) the name of the organization(s), participating in the SMD Self-Help Clearinghouse, of which you are a member *(Please specify)*

Name of Organization(s): _____

Membership Fee: \$5⁰⁰

Method of Payment (enclosed):

Cash Cheque (*payable to SMD Alliance*)

Additional Membership Benefits:

SMD Foundation/Easter Seals™ Manitoba - Assistive Technology Program

Eligibility to apply for reimbursement of **50%** of the total cost of an assistive technology device, up to a maximum of **\$2,500**.

Northland Healthcare

10% discount for in-stock, regular priced items. This discount excludes parts, repairs, labor and special ordered items.

Northland Healthcare locations are as follows:

67 Goulet Street Winnipeg, MB R2H 0R5 Phone: 204-235-0914

865 Bradford Street Winnipeg, MB R3H 0N6 Phone: 204-786-6786

9-1341 Henderson Hwy. Winnipeg, MB R2G 1M5 Phone: 204-925-4599

Winnipeg Hearing Centers

10% off any hearing aid purchase, to a maximum of \$500. This offer excludes already discounted or special items. Accepted at all Winnipeg Hearing Centers.

Please mail or drop off your completed form along with payment to:

*SMD Alliance
Membership
402-825 Sherbrook Street
Winnipeg, MB
R3A 1M5*

SMD Alliance collects personal information in accordance with the SMD Alliance privacy policy. This information may be used by SMD Foundation/Easter Seals™ Manitoba to communicate with you about programs and activities that we believe will be of interest to you including newsletters, meetings and fundraising activities. Your contact information will be added to their mailing list. This is not a mandatory requirement for membership approval and will in no way effect your membership.

If you prefer not to have your name added, please tick here:

Signature: _____

Date: _____, _____