



**NWT
Disabilities
Council**

Membership Number: _____

MEMBERSHIP APPLICATION AND RENEWAL

Date _____

Name _____

Mailing Address _____

City _____ Postal Code _____

Home Phone _____ Mobile Phone _____

E-mail _____

We send out information electronically, we ask that you include your email to receive the most current information and upcoming events/notices.

Our mission is to achieve self-determination and full citizenship for Persons with Disabilities. We do this by promoting awareness, opportunities, choices and participation in all aspects of life in the Northwest Territories.

ANNUAL MEMBERSHIP

- \$1.00 Individual – Voting Member
- \$2.00 Business/Organization - Voting Member – 1 vote

- My tax-deductible donation of \$ _____ is enclosed.

Please make cheques payable to:

NWT Disabilities Council
Lower Level Scotia Centre
Suite 116, 5102 50th Avenue
Yellowknife, NT
X1A 3S8