



Membership Form 2026

Name _____

(Please Print)

Address _____

City/Town _____ Postal Code _____

Primary Phone _____ Email _____

(Please note that self-advocates or family members who cannot afford the membership fee can become a member through a bursary at no charge by checking the box below).

I would like to be an individual voting member for the 2026 year. I am:

- a family member (parent, brother, sister, grandparent, aunt, uncle, etc.)
- a person who has a disability
- a friend, interested individual

Enclosed with this form is my membership fee of: **\$20.00**

- by cash
- cheque# _____
- e-transfer (via info@windsoressexfamnet.ca)
- Bursary (free this year)

To make membership payments &/or donations by credit card please visit our website

I would also like to make a donation in the amount of \$ _____ (Tax receipt will be issued.)

When you become a member of Windsor-Essex Family Network, you are giving consent for the name, address, telephone, or email information provided here to be used for updating you on activities of WEFN including programs, services, events, funding needs, government changes and opportunities to volunteer through periodic notices and contacts. Your personal information will not be shared with any other organization or business. If you no longer want to receive notices, please contact the WEFN office at any time to unsubscribe.

OFFICE USE ONLY

Date Received: _____ Membership 2026 Main Database

Charitable Receipt #: _____ Comments: _____