



MEMBERSHIP 2010 – Only \$20!

About Your Family

Last Name of Child/Children _____

Children First Names _____

Parent or Caregiver/s Names (First and Last) _____

Address _____

Postal Code _____

Telephone No. (home) _____

(work) _____

Cell _____

Email _____

Richmond Family Place Society wishes to remind members and guests that it is not responsible for any loss or damage sustained by members and guests while on its premises.

Parents and caregivers are reminded that their children must be supervised by them at all times.

It is the responsibility of parents and caregivers to take precautions to avoid injury or loss/damage to belongings. In the event a parent or caregiver observes any situation at Richmond Family Place which causes them concern, please report it to a staff member immediately.

Signed _____ Date _____

I will not leave my child(ren) at any Family Place program without my approved adult caregiver.

(Approved caregiver cannot be a Richmond Family Place staff member or volunteer)

Signed _____ Date _____

OFFICE USE ONLY	Membership \$	Tax Receipt #
<input type="checkbox"/> Renewal <input type="checkbox"/> New	Donation \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque

Volunteering

Which of the following areas of volunteer involvement could you get involved in? Opportunities range from once a year, to two hours a week and everything in between!

- | | | |
|---------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Bread Helper | <input type="checkbox"/> Office | <input type="checkbox"/> Repairs |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Gardening | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Thrift Store | <input type="checkbox"/> Other _____ | |

Donating

Richmond Family Place is a non-profit society funded in part by your donations. Fees represent only a small fraction of the cost of running our programs.

We will mail you a charitable donation tax receipt for any amount above \$15.00

- \$15 \$20 \$50 \$75 \$100 \$500 \$1000 other _____