Literacy Partners of Manitoba

Individual Membership Form

(Please note: Benefits of membership are not transferable.)

First Name: _____ **Last Name:** _____

Date: _____

Home Phone (include Area Code and Extension**):** _____

Fax: _____ **Email:** _____

Organization (if applicable**):** _____

Primary Mailing Address (for mailing newsletter and resources)**:**

_____

City: _____ **Prov:** _____ **Postal Code:** _____

Fee Schedule		
❑	$40 Annu	al Fee

Please make cheque payable to Literacy Partners of Manitoba.

Or pay by credit card

❑Visa ❑Mastercard

Credit Card #

Expiry Date _____/_____
Month Year

Our membership year is from September 1 to August 31.

_____
Signature

Questions?

Call Literacy Partners of Manitoba:
(204) 947-5757 or
Toll free:1-866-947-5757
e-mail: literacy@mts.net

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Tel: (204) 947-57575 Toll Free: 1-866-947-5757 . Fax: (204) 956-9315 E-mail: literacy@mts.net www.mb.literacy.ca