Literacy Partners of Manitoba
Organization Membership Form
(includes four voting members)

Organization: _____ **Date:** _____

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

_____

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

Telephones (Please include Area Code and Extension)

Work Phone: _____ **Work Fax:** _____

Member 1) **First Name:** _____ **Last Name:** _____

Home Phone: _____ **Email:** _____

Member 2) **First Name:** _____ **Last Name:** _____

Home Phone: _____ **Email:** _____

Member 3) **First Name:** _____ **Last Name:** _____

Home Phone: _____ **Email:** _____

Member 4) **First Name:** _____ **Last Name:** _____

Home Phone: _____ **Email:** _____

Fee Schedule		
❑	$130 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.
Pro-rated fees are for new (first time) memberships only.
They do not apply to renewals.

❑	$90	January 1 to March 31
❑	$45	April 1 to August 31

Additional members may join for $35 annually.
Pro-rated: January 1 to Apr 31 for $25, and
May 1 to August 31 for $15.
Please list on the back of this page.

_____
Signature

Questions? Call Literacy Partners of Manitoba:

(204) 947-5757 or
Toll free:1-866-947-5757

e-mail: literacy@mts.net