



MEMBERSHIP APPLICATION FORM

Date of Application (DD/MM/YYYY)	Received By:
Full Name of Applicant:	
Job Title:	Company/Organization Name:
Daytime Phone:	Evening Phone:
Email:	Website:

SELF DISCLOSURE QUESTIONNAIRE

In order to better serve our members, and the clients we serve, our goal is to have a diverse and inclusive membership community. *(Please check all that apply. All information contained in this application will remain confidential, and will only be used for the review of your application to the Board of Directors with Difie Inc.)*

- I identify as a person with a disability or health conditions
- I identify as a person from a visible minority group
- I identify as a parent/sibling/caregiver of a person with a disability or health condition

MEMBERSHIP TYPES

Memberships are valid from the time of purchase until our year end, December 31.

All Memberships include:

- Discounts on Difie Inc. Services including classes, workshops, camps, and other related training
- Discounts on all Difie Inc. events, and access to our quarterly newsletter.
- Your name listed on our Membership Directory on our website, no description or logo included.
- Voting privilege at our Annual General Meeting.

1. **STUDENT INDIVIDUAL \$10** (A copy of valid Student I.D must be provided)
2. **INDIVIDUAL BASIC \$20**
3. **INDIVIDUAL PREMIUM \$30**

Additional Benefit:

- Your name listed on our Membership Directory on our website that includes a (50 word) description of your dance, fitness, or health related practice, and logo.

4. **FAMILY BASIC \$30**

Additional Benefits:

- Discounts on Difie Inc. Services including classes, workshops, camps, and other related training for up to 5 family members residing at the same location.
- Your name listed on our Membership Directory on our website that includes a (50 word) description of your dance, fitness, or health related practice, and logo.

5. **ORGANIZATIONAL \$40**

Additional Benefit:

- Your name listed on our Membership Directory on our website that includes a (50 word) description of your dance, fitness, or health related practice, and logo.



MEMBERSHIP PAYMENT

Type of Membership you are selecting: _____

Description of your Fitness, Dance, or Health Related Practice (50 words or less):

E-Transfers and PayPal payments can be sent to: difedance.inc@gmail.com Please address the envelope to: Deborah Clark – insert united way address here)

Type of Membership Selected:

Description of your Fitness, Dance, or Health Related Practice (50 words or less):

Payment Method: E-Transfers, Cheques and PayPal are accepted. Please do not send cash.

Payment Selected: **E-Transfer:** **Cheque:** **PayPal:**

E-Transfers and PayPal payments can be sent to: difedance.inc@gmail.com

Please mail cheques to:

Attention: Deborah Clark – 580 Main St. 3rd Floor, Winnipeg, Manitoba R3B 1C7