

NIPISSING ASSOCIATION FOR DISABLED YOUTH

Membership Application (January 1 – December 31, 2020)

Please complete the following and send to: NADY Membership - One Kids Place 400 McKeown Avenue, North Bay, ON P1B 0B2

NADY POLICY:

For insurance reasons, you must be a paid member (\$20 annual family membership fee) to participate in any NADY programs. Only paid members, 18 years of age and older in good standing have voting privileges or can hold office. There is one vote per membership. All information on this form is for the sole use of the NADY directors and insurers. Board meetings are held at One Kids Place on the third Tuesday of each month at 7pm. All are welcome.

WE ARE COMMITTED TO PROVIDING QUALITY PROGRAMS FOR YOUTH WITH SPECIAL NEEDS.

Voting Member's Name:				
Parents / Guardians:				
Address:				
(Street)		(City)		(Postal Code)
Telephone:	Email:			
Signature:		Date: _		
Child's Name	Date of Birth	Date of Birth (DD/MM/YY) Disability		Wheelchair
(17 and Under)	(DD/MM/YY)			(Y / N)
Please indicate which of the followin a disability and be 6 years of age or compared to the following and the following and the following and the following areas of the following and the following areas of		uld like to part	icipate in. Partici	pants must have
A. Recreation Program B. D. Horseback Riding E.	B. Hockey Tickets - Battalion C. Downhill Skiing* E. Family Swim			
*Registrations to be received by NADY no la program.	ater than Dec. 16/19 in o	rder to be eligibl	e to participate in the	e Nipissing Trackers
Photo Permission:	Yes	No		
Available to Volunteer for Bingo:	Yes	No		
Receive Information:	Email	Mail	Social Med	ia
OFFICE USE ONLY:				
Annual Membership Fee (\$20) per	Voting Member – Pa	nid By:	Cash:	Cheque#
Membership #:	p #: Date Received:			