



**NWT
Disabilities
Council**

MEMBERSHIP APPLICATION AND RENEWAL

Date: _____

Name: _____

Mailing Address: _____

City _____ Postal Code _____

Home Phone: _____ Mobile Phone: _____

E-mail: _____

Our mission is to achieve self-determination and full citizenship for Persons with Disabilities. We do this by promoting awareness, opportunities, choices and participation in all aspects of life in the Northwest Territories.

ANNUAL MEMBERSHIP FEES:

\$10.00 Individual \$20.00 Business/Organization

My tax-deductible donation of \$_____ is enclosed.

Please make cheques payable to:

NWT Disabilities Council
B-321 Old Airport Road
Yellowknife, NT X1A 3T3

www.nwtability.ca