



**LITTLE PEOPLE OF
MANITOBA**

APPLICATION FOR MEMBERSHIP

Date: _____ New: _____ Renewal: _____

Last Name (of LP): _____ Given Name (of LP): _____

Address: _____ City: _____

Postal Code: _____ DOB: _____

Phone: _____ Other Phone: _____

Type of Short Stature (ie. Achondroplasia): _____

Email address: _____

Family Members:	Relation
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Type of Membership being applied for:

Single: _____ (\$15.00) Family: _____ (\$25.00)

Please make the cheque or money order payable to:

Little People of Manitoba
4 Lakepointe Rd
Winnipeg, MB R3T 4R4