

MEMBERSHIP RENEWAL FORM

Integration Action for Inclusion in Education and Community (Ontario)

55 Berkley Crescent, Simcoe, Ontario N3Y 4M7 Tel: 1.877.681.5128 www.inclusionontario.ca

OBJECTS

- ◆ To further the well-being of exceptional children through improved educational opportunities
- ◆ To facilitate the inclusion of persons with exceptionalities into all aspects of community life
- ◆ To provide support for parents, relatives and friends of exceptional children and adults
- ◆ To provide educational opportunities and information on issues related to inclusion

PRINCIPLES

- ◆ All children can learn and develop
- ◆ All children have the right to live at home in a family
- ◆ All children have the right to share educational experiences with others their own age
- ◆ All children have the right to supports and services as needed, and these should be provided in the neighbourhood school, in a regular classroom setting
- ◆ All children have the right to an education that will prepare them to live and work in the real world
- ◆ All children have the right to acquire the daily social and coping skills that develop through life in the community
- ◆ All children have the right to become “just one of the kids”
- ◆ Successful inclusion of a child with extra needs benefits not only the child, but also his or her friends and peers, the school system, and society as a whole.

DETACH AND RETURN TO: Integration Action for Inclusion in Education and Community (Ontario)
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Integration Action for Inclusion in Education and Community (Ontario)

Membership level selected: _____ Name: _____

\$30 Family membership (One or more persons) Address: _____

\$60 Association/Business (Group or company) City: _____ Postal Code: _____

\$0 Student or Self advocate Phone: _____ E-Mail: _____

School Board District: _____

___ I will pay using the [CanadaHelps link](#) on the IAI website for my membership donation payment.

I include a donation of \$ _____ with my membership (tax receipts issued for donations of \$10 or more).

Total enclosed = \$ _____ OR ___ Please remove my name from the mailing list.

___ Please send me renewals & communications from IAI by e-mail instead of by postal service mail.

Completion of this form and payment of the membership fee implies your agreement with the Objects and Principles of our organization and your consent to the collection and use of personal information for the purpose indicated.

Make cheques payable to: **Integration Action for Inclusion**

Charitable Registration No. 14099 8840 RR0001 Date received: _____

Personal information contained on this form is collected pursuant to the *Personal Information Protection and Electronic Documents Act* and will be used for the purpose of informing members of activities, programs and meetings of Integration Action for Inclusion. Questions or complaints should be directed to the Privacy Officer, Paula Boutis, at 1.877.681.5128 or email inclusionontario@gmail.com