



Membership Form

Name: _____ Date: ____/____/____
First name Last name month day year

Address: _____

City: _____, Yukon Postal Code: _____

Phone: _____ Email: _____

\$10.00

A tax-deductible receipt will be issued for memberships.

You can return the form, along with \$10, by mailing or dropping it off to:
Child Development Centre
206 Hanson Street
Whitehorse, Yukon Y1A 1Y4