



Muskoka Family Network

Membership Registration Form

Join Now!

Name: _____

Address: _____

Phone: _____ Home _____ Work _____ Cell _____

Email: _____

Language(s) Spoken: _____

Child's Diagnosis: _____

Child's Birthdate: _____

Siblings: * _____ Female _____ Male _____

Siblings Birthdate:* _____
(*optional)

Please place an "X" next to the options below that you wish to be included in:

_____ I give permission to use my email contact information for Muskoka Family Network communication

_____ My contact information may be included in future Muskoka Family Network Directory

_____ I would like to receive a follow up phone call from another parent
(please indicate the most convenient time to call)

_____ I am interested in volunteering with the Muskoka Family Network

Contact Information: Carla O'Neill
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Facebook Page: Muskoka Family Network