



Centre de ressources à la vie autonome du Montréal-Métropolitain
Metropolitan Montreal Independent Living Resource Centre

1355, boul. René-Lévesque Ouest, Studio 3 - Montréal, Québec H3G 1T3

L'autonomie, un cheminement de vie.
Independent living, a pathway for life.



Membre depuis 2002

Montreal, September 15th, 2011

TO: MM-ILRC members and interested persons
FROM: Deborah Kennard, MM-ILRC Chairperson

NOTICE OF CONVOCATION
MM-ILRC SPECIAL GENERAL MEETING

Saturday, October 15th, 2011, from 1:00 p.m. to 5:00 p.m.
Holden Fisher Room
First floor
1355 René-Lévesque Blvd. West
(YWCA building)
(Lucien-L'Allier Metro Station)

Dear members,

We hereby invite you to attend our Special General Meeting to be held on Saturday, October 15 from 1pm to 5pm. Attached is an agenda which includes a workshop on the independent living movement, a registration form and a description of the workshop.

The purpose of this meeting is to ratify a new name for the organization:

Vie autonome de la métropole de Montréal
Independent Living of Greater Montreal

We endorse the name for the following reasons:

- to better promote the independent living movement
- to have a name which is simpler, more evocative, and easier to remember
- to be consistent with other Quebec centres and our parent organization which changed its name to Independent Living Canada years ago
- to have a name that complies with the rules of the French language thus eliminating "Montréal-Metropolitain" which is improperly used in French
- to ensure that the name still reflects the Greater Montreal region

At the same time, the Board would like to propose logos and discuss our perceptions of independent living. Your presence at this meeting is essential in order to inaugurate our organization's next decade!

Contact information:

Metropolitan Montreal Independent Living Resource Centre
1355, René-Lévesque Blvd. West, Studio 3 – Montreal, Quebec H3G 1T3
Tel.: 514-288-1177 – Fax: 514-288-7377
E-mail: information@crvamm.org

Please note that only active members, registered as of September 15th, 2011, may be candidates for, and/or be eligible to vote in elections for members of the MM-ILRC Board of Directors.

We look forward to seeing you there!

Deborah Kennard, MM-ILRC Chairperson

Encls: Agenda - 2010 AGM Minutes (in French) - Disability Accommodations Form -
Registration form -



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AGENDA

MM-ILRC SPECIAL GENERAL MEETING
Saturday, October 15th, 2011 1pm – 5pm
Holden Fisher Room - First floor
1355 René-Lévesque Blvd. West, Montreal
(YWCA – Lucien-L'Allier Metro Station)

- 13h00 Words of Welcome and Workshop: *What the heck is independent living, anyway?*
- 14h30 15 minute Break
- 14h45 Continuation of the Workshop: *What the heck is independent living, anyway?*
- 16h00 Opening of the Special General Meeting and appointment of meeting Chair and Secretary
- 16h10 Verification of quorum and opening of the meeting
- 16h45 Adjournment



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**ATTENDANCE AT 2011 SPECIAL GENERAL MEETING
OF THE METROPOLITAN MONTREAL ILRC**

- Yes, I will be attending the Special General Meeting on Saturday, October 15th, 2011**
- No, I will not be attending the Special General Meeting on Saturday, October 15th, 2011.**

Name: _____

Organization: _____

Nota Bene: If you need accommodations for your disability, please fill out the attached form. If you need help to complete these forms, please contact the MM-ILRC at: 514-288-1177.

**PLEASE COMPLETE AND RETURN ALL FORMS
BY October 3rd, 2011 TO:**

**Metropolitan Montreal ILRC
1355, René-Lévesque Blvd. West, Studio 3
Montreal, Quebec, H3G 1T3
by fax : 514-288-7377
by E-mail : information@crvamm.org**

FORMULAIRE DE REQUÊTE D'ACCOMMODEMENTS DU CRVA-MM
MM-ILRC ACCOMMODATIONS REQUEST FORM

IDENTITE / IDENTITY

NOM / NAME :	_____		
TÉLÉPHONE / PHONE :	_____	COURRIEL / E-MAIL :	_____

BESOINS / NEEDS

Accessibilité pour fauteuil / Accessibility for wheelchair	<input type="checkbox"/> manuel / manual	<input type="checkbox"/> motorisé / electric	<input type="checkbox"/> triporteur / scooter
<input type="checkbox"/> Marcheur/Walker	Autre /Other _____		
Aide/ Assistance			
<input type="checkbox"/> Chien d'accompagnement/Guide Dog	<input type="checkbox"/> Préposé / Attendant		
<input type="checkbox"/> Accompagnateur / Guide	<input type="checkbox"/> Aide aux repas / Help during meal		
<input type="checkbox"/> Période de repos / Rest period	<input type="checkbox"/> Preneur de notes / Note taker		
	Particularités / Specify : _____		
Documents en / Documents in : <input type="checkbox"/> Français / French <input type="checkbox"/> Anglais / English	<input type="checkbox"/> Braille	<input type="checkbox"/> Gros caractères / Large print	
	<input type="checkbox"/> Audio	<input type="checkbox"/> Langage simplifié / Plain language	
	<input type="checkbox"/> Disquette / Disk	Format : _____	
Interprète / Interpreter	<input type="checkbox"/> LSQ	<input type="checkbox"/> ASL	<input type="checkbox"/> Oraliste / Lip reader
	Préférence (Noms) : _____		
	Preference (Names) : _____		
Système infra-rouge / Infra-red system : <input type="checkbox"/>	FM system : <input type="checkbox"/>		
Traduction / Translation :	<input type="checkbox"/> Anglais au français	<input type="checkbox"/> French to English	
<input type="checkbox"/> Transport adapté / Paratransit	Numéro de dossier à la STM : _____		
<input type="checkbox"/> Mini-bus	<input type="checkbox"/> Taxi	File number : _____	
Besoins alimentaires i.e. allergies, végétarien, régime spécifique)/Dietary Concerns (eg. Allergies, vegetarian, special diets) _____			
Autres particularités (spécifiez)/ Others specify _____			

NB : Merci de retourner ce formulaire dûment complété, au plus tard le 3 octobre 2011.

NB : Thanks for completing and returning this form, by October 3, 2011.