

# Membership Form

Primary – Mr / Mrs / Miss / Ms

Additional – Mr / Mrs / Miss / Ms

Last Name \_\_\_\_\_

\_\_\_\_\_

First Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

\_\_\_\_\_

Postal Code \_\_\_\_\_

\_\_\_\_\_

Phone (H) \_\_\_\_\_

Phone (H) \_\_\_\_\_

(B/Cell) \_\_\_\_\_

(B/Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

## RELATIONSHIP

I am/We are  parent(s)/guardian(s) of a person with sb and/or h  adult with sb and/or h  interested individual

Name of Individual w/condition \_\_\_\_\_

Date of Birth \_\_\_\_\_

Spina Bifida  Spina Bifida Occulta  Spina Bifida & Hydrocephalus  Hydrocephalus  
 Adult Onset Hydrocephalus  Normal Pressure Hydrocephalus  Other \_\_\_\_\_

**MEMBERSHIP OPTIONS** *Memberships are valid for one or three years and will be renewable on the anniversary date.*

Individual Dues: 1 year = \$20.00  3 years = \$50.00   
 Family Dues: 1 year = \$30.00  3 years = \$75.00   
 Professional Dues: 1 year = \$30.00   
 Associated Group (non-profit) Dues: 1 year = \$30.00   
 Corporate Dues: 1 year = \$60.00

I wish to become a member, but am unable to pay dues at this time.

In addition to membership dues, I wish to make a donation in the amount \$\_\_\_\_\_

## METHOD OF PAYMENT

Cheque (payable to Hydrocephalus Canada)  Visa  MasterCard  American Express

Card# \_\_\_\_\_ CVV# \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

Please send me more information on the following:

Spina Bifida  Hydrocephalus  Folic Acid  Education  Fundraising  
 Parent Issues  Adult Issues  Youth Issues  Publications  Monthly Giving Club  
 Latex Allergy  Scholarship Program  Library Information  Volunteering

Member Signature \_\_\_\_\_

Date \_\_\_\_\_