

# Spina Bifida & Hydrocephalus Association of Canada

## MEMBERSHIP FORM

The SBHAC's Mission is to improve the quality of life for all individuals with spina bifida and/or hydrocephalus, and their families through public awareness, education, research and advocacy, and to reduce the incidence of neural tube defects. You can help us by becoming a member of SBHAC today. You will receive our SBHAC newsletter, and have access to resource and educational materials through the national office. If you know of friends, relatives, teachers, medical personnel who would like to join and support SBHAC as well, please copy this application. To join, complete the form below and mail it to the SBHAC office with your payment.

Please note that if you are currently a member in good standing of one of SBHAC's Member/Affiliate Associations, you are automatically a member of SBHAC.

Memberships are for a period of one year and will be renewable on the anniversary date.



Please print:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H)( ) \_\_\_\_\_ (B)( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

\*Please check the appropriate box:

- |                                                                         |                                              |
|-------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Parent                                         | <input type="checkbox"/> Relative            |
| <input type="checkbox"/> Individual with Spina Bifida                   | <input type="checkbox"/> Professional/Agency |
| <input type="checkbox"/> Individual with Hydrocephalus                  | <input type="checkbox"/> Interested Person   |
| <input type="checkbox"/> Individual with Spina Bifida and Hydrocephalus |                                              |

\*\*MEMBERSHIP FEE: Individual (One Year) \$20.00

Method of Payment:

- Cheque (Payable to SBHAC)
- Visa Card # \_\_\_\_\_
- MasterCard # \_\_\_\_\_
- Expiry Date \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_