

Annual membership fees are \$5 for an individual and \$10 for a family.

MEMBERSHIP STATUS

(PICK ONE BOX ONLY)

- Membership status: New Member Renewal # Years Paying:
- Member at Large: Individual Member Family Member (Living in the same household)
- Chapter Member: Individual Member Family Member (Living in the same household)

Chapter Name (if applicable):

PERSONAL INFORMATION

Surname: First name:

Street address:

City: Province: Postal Code:

Telephone: Email:

Date of birth:

What is your preferred method of communication?

- Telephone Email Mail

FOR FAMILY MEMBERSHIP*

(please provide details for each member)

Name: Date of Birth: Gender:

Name: Date of Birth: Gender:

Name: Date of Birth: Gender:

Name: Date of Birth: Gender:

Name: Date of Birth: Gender:

- I am: A person with a neuromuscular disorder
 A relative of a person with a neuromuscular disorder
 A friend of a person with a neuromuscular disorder
 A health professional
 Other (please specify):

I would like to make an additional donation to Muscular Dystrophy Canada in the amount of \$
 Please make cheques payable to Muscular Dystrophy Canada. Charitable tax receipts will be provided for amounts of \$20 or more.

Signature: Date: