# 2010 SBHASA MEMBERSHIP FORM

To join or renew your membership, please complete this form and mail to SBHASA with your payment.

Membership Fee: $10.00 Memberships are for a period of one year, from January 1 to December 31.

As a member you will receive the SBHASA newsletter and have access to resource and educational materials. Members in good standing, with Spina Bifida and/or associated Hydrocephalus, who live in Southern Alberta (South of Highway 11) will have access to the association's funding programs and scholarship program. You are also a member of the national association (SBHAC). Applications will be reviewed by the SBHASA Executive Committee and notification of their decision will be made to the Applicant.

Date: _____

_____ I am renewing my membership _____ I would like to join the association

_____ I would like to join/renew but am not able to pay the membership fee

_____ Enclosed is a general donation in the amount of $_____

**Please Print:**

Name(s) _____
Last First

_____
Last First

Address _____

City _____ Postal Code _____

Telephone _____

Email _____

**Type of Membership** (please check one)

____ Parent of child with Spina Bifida and/or associated Hydrocephalus
Name of Child _____ Date of birth _____
____ Individual with Spina Bifida and/or associated Hydrocephalus Date of birth _____
____ Support person (relative, friend)
____ Professional caregiver (medical, social worker, educator, etc.)

I can volunteer to help the association and other families:
____Executive ____Committees ____Phoning
____Cans & Brochures ____Promotional Materials ____Public Awareness
____Fundraising ____Special Events ____Other_____
I would like to be phoned about upcoming events: ____Yes ____No

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