



Spina Bifida & Hydrocephalus

Association of Southern Alberta



P.O. Box 6837 Station "D" Calgary, Alberta T2P 2E9 SBHASA.INFO@SHAW.CA WWW.SBHASA.CA

20__ __ MEMBERSHIP FORM (Last Revised: November 2017)

Membership Fee: \$10.00 per year (January 1 to December 31st).

To join or renew your membership, please complete this form and mail to SBHASA with your payment (cash or cheque made out to SBHASA). Please note, you must be a resident of Southern Alberta.

Member Benefits:

- Regular updates from the association including access to resource and educational materials
- Invites to social functions/fundraisers for the association
- Members in good standing will also have access to the association's funding programs and any scholarship programs available. As a member, you are also automatically a member of the national association (SBHAC) at no additional charge.

Date: _____

Membership Renewal: YES ___ NO ___ **OR** New Member: YES ___ NO ___

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

OPTIONAL: Enclosed is a general donation in the amount of \$_____

PLEASE PRINT:

Name(s): _____

First Last

First Last

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ E-mail Address: _____

PLEASE CHECK ONE:

Parent of child with Spina Bifida and/or associated Hydrocephalus
 Name of Child _____ DOB: _____

Individual with Spina Bifida and/or associated Hydrocephalus DOB: _____

Support person (relative, friend) Professional caregiver (medical, social worker, educator, etc.)