

Spina Bifida & Hydrocephalus



Association of Southern Alberta

P.O. Box 6837 Station "D" Calgary, Alberta T2P 2E9

SBHASA.INFO@SHAW.CA WWW.SBHASA.CA

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____ MEMBERSHIP FORM (Last Revised: Jan 2021)

Membership Fee: \$10.00 per year (January 1 to December 31st). Please note, you must be a <u>resident of Southern Alberta</u>.

To join or renew your membership, please complete this form & submit with payment via choice of method below:

- > Mail to SBHASA (address above) along with your payment (cash or cheque made out to SBHASA) OR
- E-transfer: sbhasa.info@shaw.ca & forward a scanned copy of your membership form to same email.
 We MUST receive the membership form and payment simultaneously.

Member Benefits:

- \rightarrow Regular updates from the association including access to resource and educational materials
- \rightarrow 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 (SBHAC) at no additional charge.

Date:							
Membership Renewal: YES	NO	OR No	ew 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 \$							

PEASE PRINT:

Name(s):					
	First				Last
-	First				Last
Address:					
City:		_ Province:			Postal Code:
Phone #:		E-mail	Address:		
PLEASE CH	IECK ONE:				
Parent o	of child with Spina Bifida and/or	associated	d Hydrocephal	us	
N	ame of Child			DOB:	
Individu	al with Spina Bifida and/or asso	ciated Hy	drocephalus	DOB:	
Support	person (relative, friend)	Pro	fessional care	giver (med	lical, social worker, educator, etc.)