Spina Bifida and 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: Oct 2022)

Membership Fee **DUE JANUARY 31st**: $20.00 per year (January 1 to December 31st).
Please note, you must be a resident of Southern Alberta.

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:
→ 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 (SBHAC) at no additional charge.

Date: _____
Membership Renewal: YES ____ NO ____ **OR** New Member: YES ____ NO ____
I wish to pay my $20 membership fee by: Cash/Cheque _____ or E-transfer _____
I would like to join/renew but am not able to pay the membership fee _____
OPTIONAL: Also enclosed is a general donation in the amount of $_____

PEASE PRINT:

Adult 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.)