

# Spina Bifida and Hydrocephalus Association of Southern Alberta

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We are delighted to extend our warmest welcome to you as a new member of our Spina Bifida and Hydrocephalus Association. As we strive to support individuals and families affected by Spina Bifida (and related hydrocephalus), it is important for us to maintain accurate records and ensure that our resources are effectively allocated to meet the needs of our members. To this end, we kindly request your cooperation in completing the following documentation.

**Pls mail or scan a copy of this completed form to the address at the top of this form.**

First & Last name of person with Spina Bifida / Hydrocephalus:

\_\_\_\_\_ DOB (dd/mm/yyyy): \_\_\_\_\_

Place of Birth (City, Province/State, & Country): \_\_\_\_\_

I confirm that the above-named person has been a permanent resident residing in Southern Alberta since (dd/mm/yyyy) \_\_\_\_\_, residing at the following address (street address, city, postal code):

\_\_\_\_\_

Date of Spina Bifida & related Hydrocephalus Diagnosis (dd/mm/yyyy): \_\_\_\_\_

Parent / Legal Guardian / Adult with SB/H applying for membership (print full name):

\_\_\_\_\_

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

Myelo Clinic Representative (print full name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: (dd/mm/yyyy): \_\_\_\_\_

Neurosurgeon or Physician confirming Spina Bifida a/o related Hydrocephalus diagnosis:

(print full name): \_\_\_\_\_

Office Contact #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: (dd/mm/yyyy): \_\_\_\_\_

\* I acknowledge that any false information provided may impact the services and support that the association can offer. This form allows us to better tailor our programs and services to meet the specific needs of individuals living with Spina Bifida in Alberta a/o related Hydrocephalus in Southern Alberta.

Disclaimer \*We can only support individuals with diagnosed Spina Bifida a/o related Hydrocephalus. People who have conditions like SB/H are welcome to apply for a Friends & Others Membership located on our website.

Our Mission: To improve the quality of life of children, youth, adults, and seniors living with Spina Bifida a/or related Hydrocephalus — along with their families — by providing awareness, advocacy, education, and support that empower individuals to thrive, build confidence, and fully participate in their communities.