



SBHANA MEMBERSHIP FORM

To join or renew your membership, please complete this form and mail to SBHANA with your payment. Our mailing address is: P.O. Box 35025 - 10818 Jasper Avenue Edmonton Alberta T5J 0B7

Membership Fee: \$10.00

Memberships are for a period of one year, from October 1st to September 30th.

As a member you will receive the SBHANA Newsletter and have access to resource and educational materials. Members in good standing with SBHANA will have access to the association's funding programs and scholarship program. You will also automatically become a member of the national association (SBHAC) and receive information about relevant opportunities.

Date: _____

_____ I am making a payment of \$10 to renew my membership or 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) _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____

Email _____

Type of Membership (please check one)

_____ Parent of child with Spina Bifida and/or Hydrocephalus

Name of Child: _____ Gender: M F Date of Birth (m/d/y): _____

_____ Individual with Spina Bifida and/or Hydrocephalus Date of Birth (m/d/y): _____

_____ Support person (relative, friend)

_____ Professional Caregiver (medical, social worker, educator, etc.)

I can volunteer to help the association and other families:

_____ Board of Directors _____ Fundraising _____ Phoning

_____ Special Events _____ Newsletter

I would prefer to receive my newsletter: ___ Colour ___ B&W ___ Electronic

I am willing to be a contact for: ___ New Parents ___ Adults with SB/H ___ Anyone

I am willing to speak with others about my surgeries (please specify): _____