SBHANA
MEMBERSHIP FORM

To join the SBHANA or renew your membership, please complete this form and mail to SBHANA with your payment. Our mailing address is: #400, 11010 – 101 Street, Edmonton AB T5H 4B9

Membership Fee: $10.00 per year.
Memberships are valid from February 1st to January 31st of the year you renew.

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 pay $10 per year for _____ years (i.e. 2 or more), for a total of: $_____

_____ 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 _____ Cell _____

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 <u>not</u> to be contacted by volunteer program coordinators regarding SBHANA programs

□ I would like to keep up-to-date on the latest SBHANA updates, programs, and social events by consenting to receive SBHANA e-communications.

Newsletters are now electronic and will be sent by email.

□ I do not have email and will need a newsletter sent to me by mail.

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): _____

This form can also be found on our website at: www.sbhana.org