

Membership Application Form

Name _____

Address _____

City _____ Province _____

Postal Code _____

Phone (h) _____ Phone (w) _____ Fax: _____

Please check one

New Membership Renewal

Type of Membership (Please check one)

Survivor \$10 Non-profit \$75

Individual \$30 Corporate \$200

Family \$60 (enclose list of family members)

I am a:

Survivor Family Member

Professional/Caregiver

Other (please specify) _____

I would like to Volunteer!

In the Office

For Fundraising Activities

At the Networks Activity Centre weekdays, 10 am to 3 pm, helping with activities or computers.

Donations in support of NABIS

If you would like to make a donation to further support the work of NABIS, please indicate below. Donations are tax deductible.

\$35 \$50 \$100 Other _____

I have made provision for NABIS in my will.

I would like information on how to provide for NABIS in my will.

Please make cheques payable to NABIS

Mail to: #229, 10106-111 Ave, Edmonton AB T5G 0B4