

# 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