

Registration Form: Spina Bifida and Hydrocephalus Association of Saskatchewan North

Please fill out this application form then email to the following address:
lscherr2@sasktel.net

Name:		
Date:	Cell Phone #:	Home Phone #:
Current address:		
City:	Province/State:	Postal/ZIP Code:
Fax #:	E-mail:	
Occupation:		
Employer:	Name of Individual with Spina Bifida:	Siblings of Person with Spina Bifida:

MEMBERSHIP INFORMATION

Regular Member: (Please select by changing the color of your choice to red.)

If this is your first year with us, the membership fee is waived.

1 year - \$25.00

3 years - \$65.00

Friends of Family: (Please select by changing the color of your choice to red.)

1 year - \$15.00

3 years - \$40.00

Professional Organization: (Please select by changing the color of your choice to red.)

1 year - \$25.00

3 years - \$65.00

Associative Group: (Please select by changing the color of your choice to red.)

1 year - \$25.00

Corporate: (Please select by changing the color of your choice to red.)

1 year - \$50.00

Donation: in addition to membership, I wish to make a donation of \$_____

Additional Comments:

Please make cheque payable to SBHAS North