MEMBERSHIP FORM

To become a member please complete

HYDROCEPHALUS CANADA
Championing Spina Bifida & Hydrocephalus Communities

	Primary Member	Additional Member
First Name		
Last Name		
Address		
Unit/Suite		
City		
Province		
Postal Code		
Phone #		
Email		

Name of individual with condition _____

Date of birth of individual with condition _____
Month Day Year

Relationship to individual with condition I am/we are

- ☐ adult with sb and/or h
- ☐ spouse/partner of individual with condition
- ☐ extended family member
- ☐ parent(s)/guardian(s) of a person with sb and/or h
- ☐ interested individual

Condition(s)

- ☐ Adult Onset Hydrocephalus
- ☐ Hydrocephalus
- ☐ Spina Bifida & Hydrocephalus
- ☐ Normal Pressure Hydrocephalus
- ☐ Spina Bifida
- ☐ Spina Bifida Occulta

Other _____

Membership Options: **Family $40** ☐ **Individual $25** ☐ **Unable to pay dues** ☐

Memberships are valid for one year and will be renewable on the anniversary date.

METHOD OF PAYMENT

☐ Cheque payable to Hydrocephalus Canada ☐ Visa ☐ MasterCard ☐ American Express

Card Holder Name _____

Card# _____ CVV# _____ Expiry Date ____/____

Signature _____

In addition to membership, I wish to make a donation of $_____

I wish to receive the HC digital newsletter ☐

Member Signature _____ Date _____

Send to: Hydrocephalus Canada, 16 Four Seasons Place, Suite 111, Toronto, ON M9B 6E5 or go online at www.hydrocephalus.ca/get-involved/become-a-member

Charitable Registration Number #10799 9310 RR0001