



AMYOTROPHIC LATERAL SCLEROSIS SOCIETY OF BRITISH COLUMBIA

Membership Application Form

Name: _____

Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Phone (H): _____ (W): _____

Fax: _____ Email: _____

Please select a membership package:

__ \$40 Family __ \$25 Individual __ \$250 Life Member

NOTE: ALS Patient's Membership Fee is Waived

If family membership, please write the name of other family members and relationship:

•	•
•	•
•	•

Please make cheque payable to: "ALS Society of BC"

Visa MasterCard Amex

Card # _____ Expiry Date ____/____/____

Name on card: _____

I enclose my donation of \$ _____.

I am interested in volunteering in the following area(s):

Fundraising Office Support Walks Support Groups
 Speakers' Bureau Public Awareness Special Events Other/s _____

I know someone interested in becoming a member of the ALS Society of BC. Please send information to:

Name: _____

Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Email: _____

The mission of the ALS Society of BC is to find the cause of and a cure for Amyotrophic Lateral Sclerosis (also known as Lou Gehrig's disease). We are also committed to providing direct services and support to ALS patients, their families, and caregivers.