



## MEMBERSHIP APPLICATION FORM

<b>Name:</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. & Mrs.			
<b>Mailing Address:</b>			
<b>Telephone Number</b>	<b>Fax Number</b>	<b>E-mail</b>	
<b>Choose one of the three membership types:</b> <input type="checkbox"/> \$250.00 Life Membership <input type="checkbox"/> \$40.00 Family Membership <input type="checkbox"/> \$25.00 Individual Membership			
<b>NOTE: ALS Patient's Membership Fee is Waived</b>			
<b>If Family Membership, please write the name of other family members and relationship:</b>			
<b>Name:</b> (Dr./Mr./Mrs./Ms./Mr. & Mrs.)		<b>Relationship</b>	
1.			
2.			
3.			
4.			
<b>I prefer to receive information:</b> <input type="checkbox"/> By e-mail whenever possible <input type="checkbox"/> By mail only			
<b>I would like to receive further information on:</b> <input type="checkbox"/> Patient Services Program of the Society <input type="checkbox"/> Volunteer Program of the Society <input type="checkbox"/> ALS BC Fundraising Events <input type="checkbox"/> Making a gift (Stock Donation, Life Insurance, Gifts of Annuities, etc.) <input type="checkbox"/> Making a gift through my will			
<input type="checkbox"/> <b>Yes, I would like to make a donation to the ALS Society of BC</b> <input type="checkbox"/> <b>One time donation</b> <input type="checkbox"/> <b>Through the Monthly Giving Program of the Society</b> <input type="checkbox"/> \$125.00 <input type="checkbox"/> \$100.00 <input type="checkbox"/> \$75.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$35.00 <input type="checkbox"/> \$25.00    _____ Other Amount			
<b>Choose one of the 3 options to pay your membership fee and donation:</b>			
<input type="checkbox"/> <b>1. CHEQUE</b> Send post-dated cheques. Please make cheque payable to ALS Society of BC.			
<input type="checkbox"/> <b>2. CREDIT CARD:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			<b>Name on the Credit Card:</b>
<b>Credit Card Number</b>	<b>Expiration Date</b>	<b>Security Code #</b> (3 digit for Visa & MasterCard at the back of the card & 4 digit at the front of the Amex card)	
<input type="checkbox"/> <b>3. DEBIT MY BANK ACCOUNT</b> Please attach void cheque.			
<b>NOTE FOR MONTHLY GIVING PROGRAM DONORS</b>			
Preferred charge date:    ____ 1 <sup>st</sup> of the Month    _____ 15 <sup>th</sup> of the Month    _____ Other Preference Date			
Note: Your bank/ credit card account will be charged on the next business day if the schedule date falls on a weekend or holiday.			
<ul style="list-style-type: none"> <li>I as the bank/credit card holder of the account, authorize the ALS Society of BC to debit my donation from my bank account/credit card every month.</li> <li>I understand that I can cancel my monthly donation at any time, simply through phone call or a written notice to ALS Society of BC</li> <li>A tax receipt for my monthly donation will be issued to me every December of each year.</li> </ul>			
<b>Signature of Account Holder</b> _____ <b>Date:</b> _____			
<b>Return form by mail:</b> ALS Society of BC 1233 13351 Commerce Parkway Richmond, BC V6V 2X7			
<b>By Fax:</b> 604.278.4257	<b>E-mail:</b> <a href="mailto:info@alsbc.ca">info@alsbc.ca</a>	<b>Telephone Inquiry:</b> 1.800.708.3228 ext. 225	<a href="http://www.alsbc.ca">www.alsbc.ca</a>