



AMYOTROPHIC LATERAL SCLEROSIS SOCIETY OF BRITISH COLUMBIA

The **ALS Society of BC** is a charitable organization dedicated to providing direct support to ALS patients, along with their families and caregivers, to ensure the best quality of life possible while living with ALS. Through assisting research, we are committed to find the cause of, and cure for Amyotrophic Lateral Sclerosis (ALS).  
Through fundraising and donations, the society is able to provide services and programs at no cost to ALS patients and their families.

**MEMBERSHIP APPLICATION FORM**

**Name:**  Dr.  Mr.  Mrs.  Ms.  Mr. & Mrs.

**Mailing Address:**

Telephone Number	Fax Number	E-mail
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**Choose one of the three membership types:**  
 \$250.00 Life Membership     \$40.00 Family Membership     \$25.00 Individual Membership

**NOTE: ALS Patient's Membership Fee is Waived**

**If Family Membership, please write the name of other family members and relationship:**

Name: (Title, First Name & Last Name)	Relationship
1.	
2.	
3.	

**I prefer to receive information:**  
 By e-mail whenever possible     By mail only

**I would like to receive further information on:**

- Patient Services Program of the Society     Volunteer Program of the Society     ALS BC Fundraising Events
- Making a gift (Stock Donation, Life Insurance, Gifts of Annuities, etc.)     Making a gift through my will

- Yes, I would like to make a donation to the ALS Society of BC**
- One time donation**     **Through the Monthly Giving Program of the Society**
- \$125.00     \$100.00     \$75.00     \$50.00     \$35.00     \$25.00    \_\_\_\_\_ Other Amount

**Choose one of the 3 options to pay your membership fee and donation:**

**1. CHEQUE**    Send post-dated cheques. Please make cheques payable to ALS Society of BC.

**2. CREDIT CARD:**  Visa     MasterCard     American Express    Name on the Credit Card:

Credit Card Number	Expiration Date	Security Code # (3 digit for Visa & MasterCard at the back of the card & 4 digit at the front of the Amex card)
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**3. DEBIT MY BANK ACCOUNT** Please attach void cheque.

**NOTE FOR MONTHLY GIVING PROGRAM DONORS**

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.

- I as the bank/credit card holder of the account, gives permission to the ALS Society of BC to debit my donation from my bank account/credit card every month.
- 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
- A tax receipt for my monthly donation will be issued to me every December of each year.

**Signature of Account Holder** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return form by mail:**    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>	Telephone Inquiry: 1.800.708.3228 ext. 225	www.alsbc.ca
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