



AMYOTROPHIC LATERAL SCLEROSIS
SOCIETY OF BRITISH COLUMBIA

APPLICATION FOR FRIENDS &/OR FAMILY MEMBERSHIP(S)

Choose one of the three options for membership package:

NOTE: NO FEE FOR PATIENT MEMBERSHIP

\$250.00 Life Member \$40.00 Family Membership \$25.00 Individual Membership

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

Mailing Address:

Phone #:

Email:

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

Name: (Dr./Mr./Mrs./Ms./Mr. & Mrs.)

Relationship

1.	
2.	
3.	

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 \$15.00 _____ Other Amount

Name of Donor: _____

Choose one of the following 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 Amex

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)

3. DEBIT MY BANK ACCOUNT Please attach void cheque.

NOTE FOR MONTHLY GIVING PROGRAM DONORS

Preferred charge date: ____ 1st of the Month _____ 15th of the Month _____ Other Preference

Note: The 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, authorize the ALS Society of BC to debit my donation from my bank account/credit card every month.
- I understand that I can cancel my direct 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:** _____