



• EMPOWERING FAMILIES •

APPLICATION FOR MEMBERSHIP 2010

Ms. Mrs. Mr. Dr. * **REQUIRED FIELDS**

* Surname _____ * Given Name _____

Organization (if applicable) _____

* Street Address _____

* City _____ * Prov. _____ * Postal Code _____

Telephone (Res.) (_ _) _____ (Bus.) (_ _) _____

E-mail _____

* **REQUIRED FIELDS**

My annual fee is enclosed **\$20**

I would like to make an additional donation \$ _____

TOTAL \$ _____

I would like to receive a copy of HBOC's quarterly newsletter by Email (PDF) Regular Mail

*Make cheques payable to the **HBOC Society**.*

The HBOC Society is a registered charitable organization in Canada. BN 85601 9336 RR0001
Receipts will be issued for all donations. Please notify the HBOC Society if you wish your donation to be anonymous.

Signed _____ Dated _____

Please mail this application to:

HBOC Society, # 114, 11728 Kingsway Avenue, Edmonton AB T5G 0X5

This information is collected in compliance with the HBOC Society Privacy Policy and will be used to facilitate communication with members and provide member benefits. For a copy of the HBOC Society Privacy Policy, please contact the HBOC Society office by email at hbocsociety@telus.net or by telephone at (780) 488-HBOC.

FOR OFFICE USE ONLY		
Cash _____	Cheque # _____	Membership # _____