



Scleroderma Society of Ontario

## Membership Form

Print & Complete this form and Mail To:

Scleroderma Society of Ontario  
136 Kenilworth Avenue North  
Hamilton, Ontario  
L8H 4R8

I WOULD BE INTERESTED IN HELPING WITH:

- |   |   |
|---|---|
| <input type="checkbox"/> phoning committee (in my area) | <input type="checkbox"/> newsletter committee                   |
| <input type="checkbox"/> public relations committee     | <input type="checkbox"/> computer work                          |
| <input type="checkbox"/> fundraising committee          | <input type="checkbox"/> Scleroderma Support Group in my region |
| <input type="checkbox"/> Other                          |   |

- I include my cheque for \$25.00 per membership or \$35.00 Family membership for one year.  
(Tax receipts are issued for full amount of membership)

Check:

- |                                  |                                 |                                      |
|----------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Renewal | <input type="checkbox"/> New    |                                      |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Friend | <input type="checkbox"/> Other _____ |

\*Please print

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE/STATE: \_\_\_\_\_ POSTAL/ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ (incl. area code) Email: \_\_\_\_\_

**New!** Now you can pay your membership fee online.

Visit [www.sclerodermaontario.ca/membership](http://www.sclerodermaontario.ca/membership) for more details.

ATTENTION:

The Scleroderma Society of Ontario is committed to protecting your privacy and maintaining confidentiality of your personal information. We do not sell our membership list to anyone. Save and except for the Arthritis Society of Ontario, we do not trade this information with others that may use it to contact you about their own products or services.