

**My contact details:**

Mr.  Ms.  Mrs.  Other: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 \*E-mail : \_\_\_\_\_ Tel.( ) \_\_\_\_\_

I wish to become a member of the **ALZHEIMER SOCIETY OF MONTREAL** and participate in its democratic life by voting at the Annual General Meeting. I, along with many other members, wish to support the Society and contribute to ensuring the sustainability of its activities and services.

MEMBERSHIP COST	BENEFITS
<b>\$30.00 / membership</b>	<ul style="list-style-type: none"> <li>• Receive an invitation to the Annual General Meeting and exercise your right to vote</li> </ul>
Add a donation : _____ \$	<ul style="list-style-type: none"> <li>• Receive the annual report of our activities</li> </ul>
Total : _____ \$	<ul style="list-style-type: none"> <li>• Receive the newsletter and seasonal programming by e-mail</li> <li>• Receive an exclusive invitation to the opening of the exhibition of works created by participants in art therapy sessions.</li> <li>• Your membership number will accompany your tax receipt. It will confirm your "membership status"</li> </ul>

My Tax receipt

**Payment Options – YEARLY donation:**

- Enclosed is my cheque of \$ \_\_\_\_\_ payable to "Alzheimer Society of Montreal"
- Please deduct the amount of \$ \_\_\_\_\_ from my credit card:
- Visa     Mastercard

Card No. : \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

**Your comments are much appreciated:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_