

### My contact details:

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

☐ Please send correspondence by \*e-mail

\*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 hundreds of other members, wish to support the Society and contribute to ensuring the sustainability of its activities and services.

Benefits of Becoming a Member	MEMBERSHIP CATEGORIES		
	FRIEND (\$25)	PATRON (\$75)	PROTECTOR (\$150)
• A vote at the Annual General Meeting and a copy of the Annual Report	✓	✓	✓
• E-newsletter sent twice monthly (emailed to you)	✓	✓	✓
• Invitations to conferences and events		✓	✓
• Name listed in the Annual Report (upon request)			
• Income Tax Receipt	✓	✓	✓
<b>Select your Membership Category:</b>	<input type="checkbox"/> \$25	<input type="checkbox"/> \$75	<input type="checkbox"/> \$150
Payment options: <u>one</u> single payment or <u>monthly</u> payments	Single payment	Single payment or \$6.25/ month	Single payment or \$12.50/ month

### 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 ☐ Amex Card

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

### Payment Options – MONTHLY donation:

I authorize the Alzheimer Society of Montreal to take the amount of \$ \_\_\_\_\_ as follows:

☐ 1st or the ☐ 15th of each month

☐ Pre-authorized payments (My personal «VOID» cheque is enclosed)

☐ From my credit card: ☐ Visa ☐ Mastercard ☐ Amex

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

Signature : \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_

### Your comments are much appreciated:

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