

Société Alzheimer Society

MONTREAL

Membership Registration Form: 2019-2020

My contact information:

Mr./Mrs./Ms./Other	
First and last name	
Address	
City, Province, Postal code	
Telephone	
Email	

- I would like 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 programs and services.

BENEFITS	MEMBERSHIP CATEGORIES		
	FRIEND \$25	PATRON \$75	PROTECTOR \$150
A vote at the Annual General Meeting and a copy of our Annual Report	X	X	X
E-newsletter sent bi-monthly (by email)	X	X	X
Income tax receipt	X	X	X
Invitations to conferences and events		X	X
Your name published in our Annual Report (upon request)			X
<i>Please select your membership category</i>	<input type="checkbox"/> \$25	<input type="checkbox"/> \$75	<input type="checkbox"/> \$150
<i>Payment options : one single payment or monthly payments</i>	<i>One payment</i>	<i>One payment</i>	<i>One payment or \$12.50/month</i>

METHOD OF PAYMENT

ONE PAYMENT :

- Enclosed is my cheque in the amount of : \$ _____ made payable to the Alzheimer Society of Montreal
OR
 Deduct the following amount: \$ _____ from my credit card :
- Visa MasterCard AMEX

No.: _____ Exp.: ____/____

Signature: _____ Date: _____

MONTHLY PAYMENTS : (PROTECTOR MEMBERS ONLY)

I authorize the Alzheimer Society of Montreal to withdraw the amount of \$ _____ on either the 1st or the 15th day of each month:

- pre-authorized bank payments (my check marked « VOID » is enclosed)
 from my credit card: Visa MasterCard Amex

No: _____ Exp. : ____ / ____ (Month/Year)

Signature: _____ Date: _____