

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

MEMBERSHIP COST	BENEFITS
\$30.00 / membership	<ul style="list-style-type: none"> • A vote at our annual general meeting held in June of every year, and a copy of our financial and activity reports
	<ul style="list-style-type: none"> • Invitation to the vernissage of artwork created during our art therapy workshops (in June, on the same day as the annual general meeting)
	<ul style="list-style-type: none"> • eNewsletter- Bi-monthly
I add a donation of : _____ \$	<ul style="list-style-type: none"> • A 20 % off our six-week support and information groups
	<ul style="list-style-type: none"> • A 10 % off our sixteen-hour core training program for health care professionals
Total : _____ \$	<ul style="list-style-type: none"> • Invitation to conferences (free) and participation in various prize draws (shows, VIP events)

- 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 Amex Card

Card No. : _____ Exp. Date _____ / _____

Signature : _____ Date : _____ / _____

Your comments are much appreciated:

