



# Spina Bifida and Hydrocephalus Association of Manitoba

167 Lombard Ave., Suite 647, Winnipeg, MB R3B 0V3

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www.sbham.ca

spinabifidamanitoba@gmail.com

Charitable Registration #862738853RR0001

To join or renew your membership complete the form below and mail it to SBHAM with your payment.

**Membership Fee: \$10 for Individual \$20 for Family**

**Memberships are for a period of one year, from January 1 to December 31**

As a member you will receive the newsletter and have access to resource and educational materials. Master members must reside in MB. As a Master member in good standing your name will be forwarded to the Spina Bifida And Hydrocephalus Association of Canada for membership.

Date: \_\_\_\_\_

\_\_\_\_\_ Renewing membership for \_\_\_\_\_ family \_\_\_\_\_ individual (\*19 and older)

\_\_\_\_\_ New membership for \_\_\_\_\_ family \_\_\_\_\_ individual

\_\_\_\_\_ Not able to pay the membership fee at this time

**Please Print:**

Adult Name(s): \_\_\_\_\_  
Last First

\_\_\_\_\_ Last First

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Type of Membership** (please check)

MASTER  Parent(s) or Guardian(s) of a child with Spina Bifida and/or Hydrocephalus  
 Individual with Spina Bifida and/or Hydrocephalus Date of birth: \_\_\_\_\_

ASSOCIATE  A support person (relative or friend)  
 A professional caregiver (medical, social worker, educator, etc.)

I can volunteer to help to association and other families:

Board of Directors  Committees  Fundraising  
 Special Events  Phoning  Other \_\_\_\_\_

I would like to be phoned about upcoming events:  Yes  No

\*We ask that members who are 19 and older become individual master members. Their parents or guardians are also eligible to be master members.