

Spina Bifida and Hydrocephalus Association of Manitoba

210-1600 Kenaston Blvd. P.O. Box 333 Winnipeg, MB R3P 0Y4 Charitable Registration #862738853RR0001

-	\$10 for Individual \$2 for a period of one year, from Janu	20 for Family ary 1 st to Decembe	r 31 st .
Date:			
	Renewing membership for	family	individual (*19 and older)
	New membership for	family	individual
	Not able to pay the members	nip fee at this time	
Please Print: Adult Name(S):			
	Last	First	
	Last		First
Child's Name:			
Address:	Last		First
City:	Postal Code:		
Telephone:		Fax:	
Email:			
Type of Membersh	ip (please check)		
PRIMARY	 Parent(s) or Guardian(s) of a child with Spina Bifida and/or Hydrocephalus Individual with Spina Bifida and/or Hydrocephalus Date of Birth: 		
	 a support person (relative or friend) a professional caregiver (medical, social worker, educator, etc.) 		
I can volunteer to he Board of D Special Eve		nittees ing	Fundraising Other
	oned about upcoming events:		

We ask that members who are 19 and older become individual primary members. Their parents/guardians are also eligible to be primary members.

Email: <u>sbmanitoba@gmail.com</u> Phone: 431-668-6889