

Membership Application

Renewal date will be January 1st each year.

Please complete and return to: MS Society of Canada, Simcoe County Chapter
 80 Bradford Street, Barrie ON L4N 6S7
 Tel: 705-733-0488 / Fax: 705-719-3098
 Attention: Membership Coordinator (E: MS.SimcoeCounty@mssociety.ca)

APPLICANT'S PERSONAL INFORMATION

Name: _____ Date of application: _____
 Address: _____
 Tel: _____ Email: _____

By providing an email address, I hereby agree to receive correspondence via email, including information on Chapter events and services of the MS Society, as well as newsletters and other information pieces. (Please refer to our Privacy Policy or contact us more information).

Membership for: Individual Family

Annual Membership (\$10.00) _____
Two-year Membership (\$18.00) _____
Donation Gratefully Received _____
Total \$ _____

PRIVACY

If you have any questions about your personal information or the MS Society's privacy policy, please contact us.

**Please make cheque payable to:
 MS Society, Simcoe County Chapter**

I am interested in volunteering with the Simcoe County Chapter. Please contact me further.

BENEFITS OF MEMBERSHIP: The Simcoe County Chapter of the MS Society is committed to providing services and programs that enable all those affected by MS to achieve the highest possible quality of life while living with the daily challenges that MS presents. This work is achieved through the dedication and hard work of volunteers and staff. As a member, you will help build and support the MS community in Simcoe County. You will have a say in the future of this Chapter as well as the MS Society of Canada, and you allow the MS Society to speak on behalf of Canadians with a more powerful voice. Membership also provides up-to-date information through National, Division and Chapter newsletters, notifications of upcoming events, information, etc. and you will be eligible to vote at the Annual General Meeting of the MS Society of Canada. *If the annual membership fee presents financial hardship, please contact us to discuss waiving the fee.*

For Office Use Only:

Information added to database: Fee Received: Cheque Cash
 Letter of acknowledgement mailed: Date fee sent for deposit: _____
 Receipt number: _____