



Membership Application Form

Offices are located in Calgary, Edmonton, Grande Prairie,
Lethbridge, Red Deer, St. Paul and Fort McMurray.

Date: _____	Renewal <input type="checkbox"/> Membership <input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
First Name: _____	Last Name: _____
Mailing address: _____	
P.C. _____	
Home Phone: (____) _____	Work Phone: (____) _____
E-mail: _____	
Optional: Do you have a spinal cord injury or other physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment: <input type="checkbox"/> Cheque payable to Spinal Cord Injury Alberta <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Card number: _____ Expires (month/year): ____ / ____	
Signature: _____	
We gratefully accept donations and will issue a receipt for tax purposes. Unfortunately, we are unable to issue a tax receipt for membership fees.	
<input type="checkbox"/> I have included a donation in the amount of \$ _____ with my membership fee.	
<p>In order to receive electronic news and information from Spinal Cord Injury Alberta (formerly Canadian Paraplegic Association Alberta), we require your expressed consent to ensure we are in compliance with the government's existing privacy legislation and anti-spam legislation.</p> <p>Yes <input type="checkbox"/> You would like to receive electronic messages from us (this may include our monthly email newsletter, news about events and activities and other information that may be of interest to you.</p> <p>No <input type="checkbox"/> We will honour your request and we will not communicate with you electronically.</p>	
Gift Membership	
If you would like to purchase a membership for someone else, please provide their mailing information below. Use the top portion of this form to enter your billing information.	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Name: _____	(Last)
(First)	
Mailing address: _____	
P.C. _____	
This space for office use only	Payment
	Membership(s) @ \$25 each \$
	Donation \$
	Total Payment Enclosed \$

Return completed form with payment to:

Spinal Cord Injury Alberta, 305-11010 101 Street, Edmonton, Alberta T5H 4B9

Phone: 780-424-6312, Toll-free 1-888-654-5444, janice.brownlee@sci-ab.ca www.sci-ab.ca