

# Join the Sjögren's Society of Canada

## HELP US CONQUER THIS SERIOUS DISEASE!

Please complete the application below and send in with your payment:

Name \_\_\_\_\_

Company (optional) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Email Address \_\_\_\_\_

Sign me up as a member of the Sjögren's Society of Canada (includes a subscription to the SJSC quarterly Newsletter).

*Membership dues are not tax deductible.*

### DUES:

\$40 Health Care Professional

### I would like to donate an additional amount:

\$25    \$50    \$75    \$100    \$500    other: \_\_\_\_\_

### Payment Method:

Cheque or money order (*payable to Sjögren's Society of Canada*)    VISA    Master Card

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Mail cheques and completed forms to:

**Sjögren's Society of Canada, 304 – 31 Mechanic Street, Paris, ON N3L 1K1**

**Fax credit card payments only to: 519-302-0471**

Donations of \$15 or more are tax deductible. An Income Tax Receipt will be sent to you. Federal Registered Charity Number is 81858 8956 RR0001

*Sjögren's Society of Canada protects the personal information and adheres to Canadian Legislation with respect to individual privacy.*

**Thank you for supporting the Sjögren's Society of Canada!**

