



B.C. Ataxia Society

www.bcataxia.org

Membership Application

Mailing Address: 4404 – B, 52A St. , Delta, BC V4M 2Y4

Email: info@bcataxia.com

Please check membership preference:

- Honorary Member** (ie. Doctor, Researcher, Health Care Worker)
- Member** (active member)
- Contact** (On-Line Only)

Name:

(First)

(Last)

Date of Birth (optional):

Mailing Address:

Email Address:

Do you prefer: No Email _____ All Emails: _____

Meeting/Events Email Only: _____

I Prefer Snail Mail - address as above _____ or:

Diagnosis:_____

Age/Date of Diagnosis:_____

Comments:_____

NOTE: Membership fee is Optional and by Donation.

**Please include cash/cheque for the amount you feel most comfortable with.
Sorry we are not equipped to accept credit cards at this time.**

Members will receive a membership card to keep in their wallet identifying their condition.