

## PERSONAL INFORMATION

Title (Mr., Mrs., Ms., Miss, Dr.): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Person Living with PD    Spouse/Partner has PD    Family Member/Friend    Professional Health Provider
- I would like to learn more about volunteering
- I would like to receive email communications from Parkinson Alberta (including e-newsletter, updates & information)

## MEMBERSHIP

*Membership is \$25 annually and is valid from January 1 to December 31*

- I wish to BECOME a Member       I wish to RENEW my Membership

## DONATION

*Donations of \$20 and up will receive a tax deductible receipt*

I wish to make a DONATION in the amount of: \$ \_\_\_\_\_

In Memory of \_\_\_\_\_       In Honor of \_\_\_\_\_

Please send notification of this gift to (*name and address*): \_\_\_\_\_

## PAYMENT

Enclosed please find my cheque (made payable to Parkinson Alberta) or cash for \$ \_\_\_\_\_

Please bill my:    Visa       Mastercard       American Express      Total \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_      Expiry: \_\_\_\_\_

Mail to: **PA Calgary Head Office - 102, 5636 Burbank Cres SE - Calgary, AB T2H 1Z6**

Or drop off at your **Regional Parkinson Alberta Office**