

How to Join

Your membership donation is vitally important as support for SB&H programs and services that benefit thousands of Ontario families living with spina bifida and hydrocephalus. It also helps ensure we can continue to develop our education and research initiatives and provide a strong public voice for our community.

“Thanks to SB&H, there’s a voice for us, and people we can turn to for support and advice.”

Please return your completed Membership Form to:

Spina Bifida and Hydrocephalus Association of Ontario

16 Four Seasons Place
Suite 111

Toronto, On M9B 6E5

416-214-1056 or 800-387-1575

Fax: 416-214-1446

Email: provincial@sbhao.on.ca

www.sbhao.on.ca

www.folicacid.ca



The Rewards of Membership

Open the door to our amazing community, connections and resources – become an SB&H member! We welcome youth and adults living with spina bifida and/or hydrocephalus (sb/h), their parents and other family members to join SB&H. Healthcare, education and social services professionals also find value in membership. Join today!

Benefits

- ✦ **Leading-edge information...**on sb/h through our library/resource centre, researched information and educational presentations
- ✦ **Support...**through our toll-free help line, support groups, peer-to-peer linking, online community and social events
- ✦ **A voice...**through our commitment to speaking up about issues that affect people with sb/h
- ✦ **Have your say and vote...**at the Annual General Meeting or become a member of the Board of Directors
- ✦ **Complimentary publications...**such as our *Current* magazine, *Staying Connected* newsletter, and other materials that provide the latest information about sb&h as well as events in your community
- ✦ **Volunteer...**your time and energy to help us provide programs, services and awareness
- ✦ **Access to breakthrough research...**through our membership in Neurological Health Charities Canada and involvement in other important initiatives
- ✦ **Scholarships and bursaries...**for students with spina bifida or hydrocephalus



“The whole is greater than the sum of the parts.”

Membership Form

Primary – Mr / Mrs / Miss / Ms

Additional – Mr / Mrs / Miss / Ms

Last Name _____

First Name _____

Address _____

City _____

Postal Code _____

Phone (H) _____

Phone (H) _____

(B/Cell) _____

(B/Cell) _____

E-mail _____

E-mail _____

Occupation _____

Occupation _____

Employer _____

Employer _____

RELATIONSHIP

I am/We are parent(s)/guardian(s) of a person with sb and/or h adult with sb and/or h interested individual

Name of Individual w/condition _____ Date of Birth _____

Spina Bifida Spina Bifida Occulta Spina Bifida & Hydrocephalus Hydrocephalus

Adult Onset Hydrocephalus Normal Pressure Hydrocephalus Other _____

MEMBERSHIP OPTIONS *Memberships are valid for one or three years and will be renewable on the anniversary date.*

Individual Dues: 1 year = \$20.00 3 years = \$50.00

Family Dues: 1 year = \$30.00 3 years = \$75.00

Professional

Associated Group (non-profit)

Corporate

I wish to become a member, but am unable to pay dues at this time.

In addition to membership dues, I wish to make a donation in the amount \$ _____

METHOD OF PAYMENT

Cheque (payable to SB&H) Visa MasterCard American Express

Card# _____ Expiry Date _____

Signature _____

Please send me more information on the following:

Spina Bifida Hydrocephalus Folic Acid Education Fundraising

Parent Issues Adult Issues Youth Issues Publications Monthly Giving Club

Latex Allergy Scholarship Program Library Information Volunteering

Member Signature _____

Date _____