

Membership Application / Renewal Vancouver Chapter, Turner Syndrome Society

(Registered Charity No. 85516 430 RR0001)

I am (check one): an adult with TS a teen with TS a parent of a child with TS
 a relative or friend of someone who has TS a professional (type) _____

Name of TS Individual _____ Year of Birth _____

Names of Parents/Guardians (for minors) _____

Name of Professional _____ Position: _____

Mailing Address _____

City and Province _____ Postal Code _____

Phone (home) _____ Phone (work) _____ Cell _____

Email address _____

YES, I wish to affiliate with the Vancouver Chapter of the Canadian Turner Syndrome Society !

Note that affiliation to the Vancouver Chapter automatically registers you as a member of the Canadian TSS and that the membership year runs from August 1- July 31.

- \$15 Fixed Income (disability, pension, income assistance, fixed income)
- \$15 Student (high school, college, university, vocational)
- \$30 Individual
- \$40 Family
- \$50 Health professionals/institutions

Enclosed is a cheque or money order (in Canadian funds please) for the following amount:

Annual Fee _____

Donation to Vancouver Chapter _____

Total Amt. Enclosed _____

Please make cheques/ money orders payable to: "Vancouver Chapter, Turner Syndrome Society" in Cdn. funds.

Send this form and your cheque to:

K. Shimokura, Treasurer
Vancouver Chapter, TSS
#302 2268 Redbud Lane
Vancouver, B.C. V6K 4S6

I agree to have my name and address on the Vancouver Chapter, TSS database so that I can receive "Small Talk" and information about events organized by the Vancouver Chapter.

I prefer to receive correspondence by (check one) Email regular mail

Thanks for supporting our work by purchasing a membership!