

## 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 PAA (including e-blasts, 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
- I would like my Parkinson Pulse Magazine mailed to me

## 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 Association of Alberta) or cash for \$ \_\_\_\_\_
- Please bill my:    Visa       Mastercard       American Express      Total \$ \_\_\_\_\_

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

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

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