



Membership Application

Office Use Only:	MNO _____
Date Processed _____	INIT _____

Type of Membership: *please check one*

Regular (single) \$25

Regular (family) \$50

Corporate \$30

Regular/Family Membership Information: *please PRINT CLEARLY*

Primary Member: _____

DOB: _____ Email: _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____

City: _____ State/Province _____

Country: _____ Zip/Postal Code: _____

(Family Membership Only):

Additional Members:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Do these additional members reside at the same household? ____ YES ____ NO

Comment:

(continued on page 2)

Membership Application Page 2

Corporate Membership Information: *please PRINT CLEARLY*

Applying Member: _____

Email: _____

Office Phone: _____ Extension: _____

Mailing Address for Tax Receipt:

Corporation Name: _____

Address: _____

Suite/Apt# _____ Contact Person: _____

Email: _____

Office Phone: _____ Extension: _____

City: _____ State/Province _____

Country: _____ Zip/Postal Code: _____

Method of Payment: *in Canadian funds please!*

Credit Card/Debit (online only)

Cheque

Money Order

If you choose to pay online by Visa, MasterCard, Discover, AMEX or to Debit your account, please visit our website at www.murakamicentreforlyme.org to process your payment. Please attach a print-out of your transaction with this form and fax through to our office at (866) 259-2320

Please make cheques/money orders payable to:

Dr. E. Murakami Centre for Lyme

then Mail To:

**Dr. E. Murakami Centre for Lyme
ATT: Secretary-Treasurer
c/o 566- 3 Ave (Box 1240),
Hope, BC
Canada V0X 1L0**

By signing below, I hereby agree to bind to all codes of conduct of the Dr. E. Murakami Centre for Lyme Research, Education and Assistance Society as laid out in the Members Handbook. I understand that the membership fees are non-refundable, and are valid for one calendar year from processing date. I also understand that any dishonored cheques are subject to a \$25.00 NSF fee. Failure to clear account will result in immediate membership cancellation. Memberships are not transferrable.

I also understand that Volunteer obligations are part of my membership with the Society and I have read and understand what my volunteer/opt out options are in the Members Handbook. I understand that a representative of the Society may contact me to recruit my help with occasional fundraising and events as required by the Society at the contact numbers above.

(Signature)

(Printed Name)

(Date)

