

# Myasthenia Gravis Manitoba Inc.

## **Membership Application**

Please complete the form below and return it with your annual membership fee (\$10 per family or \$5 per person) Membership fees are for the year starting October 1<sup>st</sup> and ending September 30<sup>th</sup>. Paid members are entitled to vote at the annual meeting of the corporation or at any special meeting of the corporation. Members receive a copy of the newsletter published by the corporation. The mailing address for Membership is:

Myasthenia Gravis Membership

c/o Maureen Silk

614 Munroe Avenue

Winnipeg, Manitoba

R2K 1H8

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

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Relation/friend with MG: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Family Members if family membership: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership fee enclosed: \_\_\_\_\_

Donation enclosed: \_\_\_\_\_