

TURNER SYNDROME SOCIETY OF CANADA

Membership Application / Renewal

PERSONAL INFORMATION:

Name: _____

Name of Child with TS (for family memberships): _____

I am (check one): an adult with TS a teen with TS a parent of a child with TS

Year of birth of individual with TS _____

a relative or friend of someone who has TS

a professional (area of interest) _____ (affiliation) _____

Mailing address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (residence) _____ (business) _____ (cell) _____

Email: _____

Annual Fees:

\$15 Students (high school, college, university, vocational) or Fixed Income (e.g. disability, pension, income assistance)

\$30 Individual \$40 Families \$50 Health professionals/institutions

Please note that membership in a chapter includes membership in the national organization.

AMOUNT ENCLOSED:

Annual membership fee: \$ _____ (CDN)

Additional Donation: \$ _____

I wish my donation to be designated to:

Turner Syndrome Society of Canada Chapter (please indicate chapter): _____

Total: \$ _____

CHAPTER AFFILIATION REQUEST:

Members should join through the chapter closest to them. Please make your cheque payable to the chapter you are joining. Please return form to the address listed under each chapter. If you live too far from one of the current chapters, please select National Membership.

National Membership Only – Turner Syndrome Society of Canada, 323 Chapel St., Ottawa, ON K1N 7Z2

Vancouver – Vancouver Chapter, Turner Syndrome Society, 302-2268 Rosebud Lane, Vancouver, BC V6K 4S6

Edmonton – Treasurer, Edmonton Chapter, TSS, 3005 – 130th Ave., Edmonton, AB, T5A 3M1

Toronto – Turner Syndrome Society of Toronto, P.O. Box 67067, 2300 Yonge St., Toronto, ON M4P 1E0

Ottawa – Ottawa Chapter, Turner Syndrome Society of Canada, 323 Chapel St., Ottawa, ON, K1N 7Z2

Quebec – Association du Syndrome de Turner du Québec, 1908-14 du Caribou, Longueuil, QC J4N 1R2

MAILING LIST:

I agree to have my name and address on the mailing list for national and chapter newsletters, and information about upcoming conferences and events.

I prefer to have correspondence by (check one)

email post

I agree to have my name, phone number and city included in a contact list of members willing to receive calls from others seeking support for issues related to TS. This is not a public list, but is used by national and chapter executive members.