



SCAGO

Sickle Cell Awareness Group of Ontario

Application for SCAGO'S Membership

Members will have voting rights, have access to Organization-paid events and if requested, will receive Financial Report of the organization at the end of the organization's fiscal year.

Kindly return this form by mail or to SCAGO'S Representative

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| Full Name: | |
| Title: Mr.() Mrs.() Miss () Ms.() Dr.() Rev.() | |
| Date of Birth (optional) (yy/mm/dd): | |
| Mailing Address: | |
| Tel. #: | E-mail: |
| Membership fees are \$30/year for Individual Membership, \$50/year for Family/ Corporations and Organizations. Please tick the appropriate number of years you are registering for. <input type="checkbox"/> 1 year January- December 2015 <input type="checkbox"/> 2 years 2015- December 2017 <input type="checkbox"/> 3 years 2015 – December 2018 <input type="checkbox"/> 5 years 2015- December 2020 | |
| Please select method of payment. If paying by credit card, enclose your credit card number, and amount . Make cheque payable to Sickle Cell Awareness Group of Ontario and send to the mailing address above. Cheque () Cash () | |
| The membership year runs from January to December. Membership renewal is due in December. Please select reminder method of preference: <input type="checkbox"/> Snail Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone | |
| Please tell us your reason for becoming a member (Attach more pages if needed): | |
| Are you interested in volunteer opportunities?: <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| How did you hear about us?: | |
| Signature of Member: | Date of Application: |