



# MS Society of Canada Membership Form

**Address:** 250 Dundas St. W, Suite 500  
Toronto, ON M5T 2Z5  
**Phone:** (416) 922-6065 x3100  
**Toll-Free:** 1-800-268-7582 x3100  
**Website:** www.mssociety.ca  
**E-mail:** membership@mssociety.ca

Please visit our membership website to renew or become a member online! [www.mssociety.ca/membership](http://www.mssociety.ca/membership)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Apartment  
City Province Postal Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_  
(\*By providing your e-mail address, you agree to have communication sent to you by e-mail where it is not offered in print form)

### Please select membership fee:

(Membership fees cannot be receipted)

1 Year (\$10.00) \_\_\_\_\_

2 Year (\$18.00) \_\_\_\_\_

Donations gratefully received: \_\_\_\_\_

(tax receipts provided for donations of \$20 or more)

Total: \_\_\_\_\_

I request the annual membership fee be waived for one year. I hereby declare that in light of my current financial circumstances, this expense would be an undue hardship upon my situation. I support the mission and objectives of the MS Society of Canada and want to participate in shaping its future as a member of the organization.

### Payment Information (membership fees and donations will be directed to the location you choose):

- Cheque or money order - payable to "MS Society of Canada" and mail to the address above
- Cash (\*\*Please do not send cash in the mail)
- Credit Card Visa, Master Card, AmEx (please contact us at 1-800-268-7582 x3100 to make your payment)

### Affiliation:

- I choose to affiliate with my local chapter or division, unless otherwise indicated below:  
\_\_\_\_\_

Membership with the Multiple Sclerosis Society provides up-to-date information through a variety of communications. Please let us know how you prefer we communicate with you.

By:  e-mail **or**  letter mail **or**  no newsletters

As per the MS Society of Canada bylaw, you will also be eligible to vote at the annual general meeting if you become a member at least three months prior to the meeting.

I would like to be contacted to volunteer for activities in my community.

**For internal use only:** Payment received locally:  Staff initials: \_\_\_\_\_

### Privacy Responsibilities

The MS Society of Canada will use your personal information to compile mailing lists for newsletters, information about our programs, initiatives, and meetings, and to compile anonymous statistical information. By completing this form, you acknowledge and consent to the collection and use by the Society of your personal information for these purposes.

From time to time the Society may be required to provide certain information to other MS Society members for the purposes of soliciting proxy votes for our Annual General Meetings or for soliciting signatures for nominations to the Board of Directors. The information provided to other members is limited to the member's name, home address and home phone number.

For questions about your personal information or the MS Society's [privacy policy](http://www.mssociety.ca/privacy), please contact our Privacy Officer at (416) 922-6065 or 1-800-268-7582 or email [priv@mssociety.ca](mailto:priv@mssociety.ca). A copy of the privacy policy may be obtained at any MS Society office or at [www.mssociety.ca](http://www.mssociety.ca).