



Membership Form

Myasthenia Gravis Society of Canada
247 Harold Avenue Stouffville, ON, Canada.
L4A 1C2

Registered Charity #:
81155 1431 RR0001

Please fill out the form below and mail a copy to the address above. If you are paying by cheque, please make the cheque payable to Myasthenia Gravis Society of Canada.

General Information

Membership:

New Member

Renew Membership

First Name

Last Name

Street Address, Apt or Unit

City / Town

Province

Postal Code

Phone Number

Email Address

Date of Birth (mm-dd-yyyy)

Gender:

Male

Female

Prefer not
to answer

Membership Sign-Up

Myasthenia Gravis:

I Have MG

I Do Not Have MG

Prefer not to answer

My Neurologist Name (optional)

My Neurologist's Address (optional)

Receive Newsletter:

Yes

No

Benefit: Click 'Yes' if would like to receive Myasthenia Gravis "CONTACT" Newsletter by email

Membership Type:

1 Year Membership - \$20.00

3 Year Membership - \$50.00

Donation (optional)

Total Payment

Thank you for your support!



Payment Information

Debit or Credit Card:

Card Number

Expiration Date

CSC

Billing Information:

First Name

Last Name

Address

City / Town

Province

Postal Code

Phone Number

Email