

Fibromyalgia Support Group of Winnipeg, Inc. Membership / Donation Form

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email Address: _____

Would you like to receive your newsletter electronically? Yes ___ No ___

Please make cheques payable to the "Fibromyalgia Support Group of Winnipeg, Inc."

Regular Membership (Includes Family) \$20.00 / year

Professional Membership \$30.00 / year

New Membership

Membership Renewal

Charitable Donation (amounts over \$10.00 receive a charitable tax receipt)

Mail to:

Fibromyalgia Support Group of Winnipeg, Inc.

c/o SMD Clearinghouse

825 Sherbrook St.

Winnipeg, MB R3A 1M5