



# Trigeminal Neuralgia Association of Canada



## Membership Application

NAME: \_\_\_\_\_

Please Print (Surname, First name and initials e.g. Smith, Ann E.)

ADDRESS: \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ PROV \_\_\_\_\_ P. CODE. \_\_\_\_\_

Birthdate: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Membership year: July 20\_\_\_\_ - June 20 \_\_\_\_

Is this a new membership or a renewal?  I would like to become a new member

I would like to renew my membership

Membership Fees: \$ 25.00  Enclosed

Do you wish to receive our TNAC Newsletter by Email?  Mail?

Are you interested in starting up a Support Group in your area?  Yes  No

**If yes**, would you like information on how to start a support group?  Yes  No

Are you interested in being a Telephone Contact Person?  Yes  No

Are you interested in attending a Support Group?  Yes  No

**If yes**, can we give your contact information to a support group leader in your area?  Yes  No

### Donations:

TNAC exists largely on the support of donations. If you would like to make a donation for yourself or in memory of a loved one please indicate below.

I would like to make a donation to TNAC in the amount of: \$ \_\_\_\_\_ (all donations are tax deductible)

I would like to make a donation in memory of: (please list name of person): \_\_\_\_\_

I would like TNAC to acknowledge the donation by sending a note to: (please write name and mailing contact information of family below)

Note: Would you like your name and/or contact information listed in our membership directory? This will be accessible by members only. With your permission we would also list your contact information to others with TN and/or to local support groups in your community. If you would like your name listed for any of the above please sign and date below checking off the boxes for the areas where we may release this information. Note that TNAC does not sell or give out its membership list to any organization.

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Name, signature, and date

I, the above signed, give permission for TNAC to list my name and contact information as indicated below left for the purposes indicated below right:

Information to be shared

name

phone

email

street address

Purpose

telephone support (for others to call me)

membership list

support group

you can put my contact information on the members only section of the web site

Check enclosed in the amount of:

\$ \_\_\_\_\_ membership fee

\$ \_\_\_\_\_ donation

\$ \_\_\_\_\_ TOTAL

**Please make checks payable to TNAC and return to:**

**Trigeminal Neuralgia Association of Canada Membership  
Joya Dickson  
# 7- 5300 Admiral Way,  
Ladner BC V4K 5G6**

