

Become a Member

Membership Application / Renewal

Spinal Cord Injury Treatment Centre (Northern Alberta) Society

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ (Home) _____ (Business) _____ (Cell)

Email: _____

Category of Member: Disabled (level of Injury) _____

Other

I would like to become a member of SCITCS by purchasing a yearly membership:

\$5

Please make cheques payable to SCITCS.

P.O. Box 76007 – Southgate – Edmonton, Alberta – T6H 5Y7