

The membership fee is \$25.00 per member.

PO Box 5005, St. Catharines, Ontario L2R 7T4 Tel: 905 688-8884 Toll Free: 1 800 363-7437

Fax: 905 688-3300

Website: www.babysbreathcanada.ca E-mail: info@babysbreathcanada.ca

Baby's Breath 2018 Membership

Your continued support helps to sustain programs and initiatives. Your membership contribution helps us to bring information and support to Canadian families affected by the devastating loss of a child. As a member, you also have the privilege of participating and voting at the Baby's Breath Annual General Meeting, nominating eligible members to the Board of Directors, and receiving updates on our activities.

Please take a moment to join or renew your annual membership with Baby's Breath by completing the 2018 Membership Application/Renewal form below and returning it along with your membership fee in the enclosed envelope.

Thank you again for your support.

C------Baby's Breath 2018 Membership Application/Renewal

Name:						
Address:						
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am applying for m	nembership to Baby's Breath. I a	ccept ar	nd will abide by all the	by-laws and policies of	Baby's Breath.	
ignature:				Date:		

In compliance with federal privacy regulations, this information is gathered solely for the purpose of applying for membership with Baby's Breath and will not be disclosed or shared for any other purpose.

Baby's Breath is a registered charitable organization (118831544-RR0001). An official tax receipt will be issued.