



## Membership Application Form

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Are you diagnosed with MS? **Yes** **No** If Yes, When? \_\_\_\_\_

Have you been tested for CCSVI? **Yes** **No** If Yes, were you treated? **Yes** **No**

When and Where? \_\_\_\_\_

:

**MEMBERSHIP - \$20.00/year**

Includes voting privileges, invitations to all group meetings, strategic planning sessions, protests, group activities and social events.

### DISCLAIMER

The undersigned hereby expressly and voluntarily waives any and all claims, causes of action, or liability as against, CCSVI Society of Calgary or their employees or agents as a result of or arising from any actions or statements made or published by other members, facility owners, operators or employees or any other person with whom the member may have had contact or against whom a claim or cause of action may arise as a result of the membership of the undersigned CCSVI Society of Calgary.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail completed form and membership fee (payable to "CCSVI Society of Calgary") to:

PO Box 221  
#104, 1240 Kensington Rd. NW  
Calgary, AR T2N 4X7