



# BCNF MEMBERSHIP

## 2010 Invitation

The British Columbia Neurofibromatosis Foundation is committed to empowering and improving the lives of individuals and families affected by Neurofibromatosis. The BCNF provides information and support services, promotes awareness and funds research to improve treatment and find a cure.

I want to become a member

I am renewing my membership

Name: Dr. Mr. Mrs. Ms. Miss \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_ Telephone (evenings) \_\_\_\_\_

I wish to receive my newsletter and communication by email.

Email \_\_\_\_\_

*(This information is for our files and is confidential. We do NOT sell our membership list.)*

Adult with NF1

Parent of a child with NF1

Friend of BCNF

Adult with NF2

Parent of a child/teen with NF2

Adult with Schwannomatosis

Parent of a child with Schwannomatosis

Year of Child's Birth \_\_\_\_\_

Memberships are valid January 1 to December 31.

Individual Membership \$35.00 *(Memberships are not tax deductible.)*

Low Income/Student \$ 5.00

Additional Gift \$ \_\_\_\_\_ *(A tax receipt will be issued for this amount.) For **Monthly Giving** details, please see back.*

Total Enclosed \$ \_\_\_\_\_

Please do not list my name in BCNF recognition material.

Enclosed is my cheque or please charge my  Visa  Mastercard  Amex

Name on Credit Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

### THE BRITISH COLUMBIA NEUROFIBROMATOSIS FOUNDATION

Box 5339, Victoria, BC Canada V8R 6S4

Toll Free: 1-800-385-BCNF (2263) Fax: 250-743-2027

Email: [info@bcnf.bc.ca](mailto:info@bcnf.bc.ca) Website: [www.bcnf.bc.ca](http://www.bcnf.bc.ca)

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