



B.C. Balance And Dizziness Disorders Society

To join us, please print, complete, and mail this form.

(Please print clearly)

Date: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: (____) _____

E-mail: _____

Age: _____

Would you consider volunteering? _____

How did you hear about us? _____

One-year membership \$ 20.00

Donations appreciated \$ _____

Total enclosed: \$ _____

(Tax receipts sent for amounts over \$30 or upon request)

Send cheques to: Treasurer of BADD
Box 325 – 5525 West Boulevard
Vancouver, BC V6M 3W6

Thank You!