



BALANCE & DIZZINESS BC

Join or Renew Your Membership

(Please print clearly)

Date: _____

Name: _____ Title (optional): _____

Street address: _____

City: _____

Province/State: _____ Postal/ZIP Code: _____

Telephone: (_____) _____

Email: _____

Birth year: _____

Would you consider volunteering? _____

If yes, do you have any skills/interests you would like to use?

For example, phoning members, writing articles, accounting or bookkeeping, legal, admin/office, public relations, fundraising, publicity, computer, or board governance.

How did you hear about us? _____

Membership fee \$ _____ (1 year \$25; 2 years \$45; 1 year COVID relief \$0*)

Donations appreciated \$ _____

Total enclosed \$ _____

**If your membership expires before January 1, 2021, we are offering a one-year \$0 COVID relief option to those facing difficulty due to the current economic situation. We hope this will ease some of the burden on our members.*

Official income tax receipts are issued annually for membership fees and other donations

Please make cheques payable to “**Treasurer, BC Balance and Dizziness**” and mail to the following address.

Thank you!

BC Balance and Dizziness, 325–5525 West Blvd., Vancouver, BC V6M 3W6

Updated September, 2020

Email: info@balanceanddizziness.org Voice mail: 604-878-8383 or 1-866-780-2233 (toll free long distance)
Postal mail: BC Balance and Dizziness Disorders Society, 325–5525 West Blvd., Vancouver, BC, V6M 3W6
www.balanceanddizziness.org

SUPPORTING, INSPIRING AND EDUCATING THOSE AFFECTED BY BALANCE AND DIZZINESS DISORDERS