

# *Yes, I want to be a member of AIDS Thunder Bay*

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

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

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

Phone: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_

Email address: \_\_\_\_\_

- Basic membership  \$10.00  
Supporting Membership  \$25.00  
I would also like to donate:  \$\_\_\_\_\_

Please make your cheque payable to:

AIDS Thunder Bay P.O. Box 24025 Thunder Bay ON P7A 8A9  
Phone: 345-1516 Fax: 345-2505 Website <http://www.aidsthunderbay.org>



Charitable Registration  
# 106689847 RR0001

When calling, do you prefer  
we use discretion? Yes No

Would you like to receive  
information by email? Yes No

This information may be used in future  
to contact you about fundraising &  
special events. Please note, AIDS  
Thunder Bay does not exchange mailing  
lists. All lists are confidential.

If you DO NOT want to receive  
information please check this box.