

## Baby's Breath 2020 Membership

Your continued support helps to sustain programs and initiatives. Your membership contribution helps us to bring information and support to Canadian families affected by the devastating loss of a child. As a member, you also have the privilege of participating and voting at the Baby's Breath Annual General Meeting, nominating eligible members to the Board of Directors, and receiving updates on our activities.

Please take a moment to join or renew your annual membership with Baby's Breath by completing the 2020 Membership Application/Renewal form below and returning it along with your membership fee in the enclosed envelope.

The membership fee is \$25.00 per member.

Thank you again for your support.



### Baby's Breath 2020 Membership Application/Renewal

*(Please print clearly)*

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

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

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

E-mail: \_\_\_\_\_

I am a:  Bereaved parent  Bereaved family Member  Health Professional  Other

How may we contact you?  phone  e-mail  mail

|   |
|---|
| <input type="checkbox"/> My cheque payable to <b>Baby's Breath</b> is enclosed. |
| <input type="checkbox"/> I authorize my credit card to be charged:              |
| <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard               |
| Card Number _____   |
| Expiry _____ / _____  |
| Signature _____   |

I am applying for membership to Baby's Breath. I accept and will abide by all the by-laws and policies of Baby's Breath.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In compliance with federal privacy regulations, this information is gathered solely for the purpose of applying for membership with Baby's Breath and will not be disclosed or shared for any other purpose.

Baby's Breath is a registered charitable organization (118831544-RR0001). An official tax receipt will be issued.