

MEMBERSHIP FORM

Yes, I would like to be a member of the Fetal Alcohol Spectrum Disorder (FASD) Society for British Columbia, governing body of The Asante Centre.

Name/or Organization: _____

Mailing Address: _____ City: _____ Province: _____

Postal Code: _____ Phone: _____

Email: _____ **Check box if you would like to receive our Newsletter and information on upcoming events**

Your Charitable Donations are appreciated.

Donation: _____ Tax receipt provided for donations over \$10.00

Please check box if you would NOT like your contribution to be acknowledged in Asante Centre publications.

Send cheque or money order to: The Asante Centre, #103-22356 McIntosh Ave., Maple Ridge, BC, V2X 3C1

Phone: 467-7101 Email: info@asantecentre.org Web: www.asantecentre.org

THANK YOU FOR YOUR SUPPORT!