



We Rage, We Weep
Alzheimer Foundation

Membership Form

Please choose one of the following criteria that best suits your situation.

Membership Criteria

We Rage We Weep Alzheimer Foundation membership shall be based on one/all of the following criteria:

- Members shall have a minimum 1 year of association with the Foundation
- Members know someone who has directly benefited from the Foundation, its programs/services
- Members are invited by the board to be members

Please select the category that best suits the nature of your membership.

Membership Information

- Individual Members***
 - ✓ \$10 annually
 - ✓ Voting
- Corporate Members***
 - ✓ \$100 annually
 - ✓ Non-Voting

Member Contact:

Name: _____

Address: _____

City: _____ Postal Code: _____

Mobile #: _____

Phone (other): _____

Email: _____

If you have any questions please email info@weragewweep.com or call: (250) 920-9573.

We Rage We Weep Alzheimer Foundation is committed to protecting your privacy and personal information. The information you provide will be used to issue a tax receipt (when applicable) and to keep you informed of the Foundation's activities including programs, services, special events, funding needs, and opportunities to volunteer or give through our newsletter. If at any time you wish to be removed from any of these contacts, please let us know by emailing info@weragewweep.com or call: (250) 920-9573.

Easing the burden of care giving – one family at a time

707-828 Rupert Terrace Victoria, BC V8W 0A7

(250) 920-9573

Charitable Registration BN: 80814 2277 RR0001

www.weragewweep.com