



**MEMBERSHIP FORM**  
**Waldenstrom's Macroglobulinemia Foundation of Canada**  
**& the International Waldenstrom's Macroglobulinemia Foundation**

The continuation of the many member services and programs depends on membership contributions. We urge you to register with the foundation or renew your membership to ensure that we can provide you with the latest information on treatments and research for WM. Please support the work of the WMFC and IWMF with your donation. Tax receipts will be issued.

**Name: (please print)** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**NEW MEMBER:** \_\_\_\_\_ **RENEWAL:** \_\_\_\_\_ **FAMILY/FRIEND:** \_\_\_\_\_

**I GIVE PERMISSION TO FORWARD MY NAME TO FELLOW MEMBERS ONLY FOR THE PURPOSE OF OFFERING SUPPORT TO OTHERS LIVING WITH WM. YES \_\_\_ NO \_\_\_**

**Contribution (Cdn \$)**

**Basic: \$50.00** \_\_\_\_\_ **Sustaining: \$100.00** \_\_\_\_\_ **Supporting: \$250.00** \_\_\_\_\_

**Benefactor: \$500.00** \_\_\_\_\_ **Patron: \$1,000.00** \_\_\_\_\_ **Other: \$** \_\_\_\_\_

**Method of Payment:**    **Cheque** \_\_\_\_\_    **Credit Card** \_\_\_\_\_

**VISA** \_\_\_\_\_    **MASTER CARD** \_\_\_\_\_    **AMERICAN EXPRESS** \_\_\_\_\_

**CARD#** \_\_\_\_\_ **EXPIRY DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WALDENSTROM'S MACROGLOBULINEMIA FOUNDATION OF CANADA**  
**260 DALEWOOD DRIVE, OAKVILLE, ONTARIO L6J 4P3**  
**Telephone: 905-337-2450    email: wmfc@noco.ca**  
**Charitable Registration No. 86755 2713 RR0001**