



## SSA Membership Form

SSA membership is open to any resident of Alberta who supports the purposes of the Society. Members are entitled to receive notice of, attend, speak, and vote in person at SSA's Annual General Meeting. A Member may at any time resign from the Society by formal notice to the Society.

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

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive SSA email communications? **Y or N**

Please do not mail or email

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

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

**Please complete this form and return to:**

Ciara Williams, Admin/Fund Development Assistant at [info@schizophrenia.ab.ca](mailto:info@schizophrenia.ab.ca)

**Provincial Office** 4809 – 48 Avenue • Red Deer, AB • T4N 3T2

**Phone** (403) 986.9440 **Fax** (403) 986.9442 **Charitable Registration** 13048-5816RR0001