



MEMBER/SUPPORTER INFORMATION APLASTIC ANEMIA AND MYELODYSPLASIA ASSOCIATION OF CANADA

The Canada Not-for-profit Corporations Act requires that all not-for-profit organizations prepare and maintain a record of members. In order to do so AAMAC asks that you complete this form and indicate whether you would like to become a member or a supporter. There is no fee to become either a member or supporter.

Member

- Entitled to vote on votes taken by the organization;
- A free subscription to the quarterly *Newsletter*;
- Notification of and right to attend national and chapter meetings and events;
- Personal support and educational material on Aplastic Anemia (AA), Myelodysplasia (MDS), and Paroxysmal Nocturnal Hemoglobinuria (PNH).

Supporter

- Not entitled to vote;
- A free subscription to the quarterly *Newsletter*;
- Notification of and right to attend national and chapter meetings and events;
- Personal support and educational material on Aplastic Anemia (AA), Myelodysplasia (MDS), and Paroxysmal Nocturnal Hemoglobinuria (PNH).

AAMAC will use the information collected to:

- Prepare and maintain a national mailing list;
- Send you the quarterly *Newsletter*, and the chapter newsletter where available;
- Solicit for donations;
- Send you notices of members' meetings, programs and services.

If you require any additional information please contact us by phone (905-780-0698 or toll-free at 1-888-840-0039), Fax (905-780-1648) or Email (info@aamac.ca)

Notes:

1. If you choose to become a Member, AAMAC is required, by the Canada Not-for-Profit Corporations Act, to provide your contact information to any Member who requests a list of Members. There are restrictions in the Act on the use the requesting Member may make of this information.
2. If you choose to become a Supporter, AAMAC will not share your name or contact information with others, without your express permission.
3. Membership is available to Canadian residents only.
4. Companies or employees of companies with current or future products for the treatment of AA, MDS, and PNH are excluded from membership. However, such persons are welcome to receive the *Newsletter* and other materials, and to attend AAMAC meetings and events.
5. It may help you decide whether to choose membership or supporter to know that because Members have voting rights it is important they familiarize themselves with the by-laws and information provided to them related to a vote.
6. Members/Supporters may change their status on request.



APPLICATION FORM
APLASTIC ANEMIA AND MYELODYSPLASIA ASSOCIATION OF CANADA

*Name: _____
Family name First name Title (Dr., Mr., Mrs., Ms.)

*Address: _____
Street and number (including unit number if applicable) City/Town

Province Postal Code

TELEPHONE NUMBER: Home: _____ Business: _____ Cell: _____

EMAIL ADDRESS: _____

*Preferred language of communication English: French:

*You are a: (please check all that apply)

PATIENT: FAMILY MEMBER OR FRIEND: HEALTH CARE PROVIDER

OTHER (Please specify): _____

DIAGNOSIS: Aplastic Anemia (AA) Myelodysplasia (MDS) Paroxysmal Nocturnal Hemoglobinuria (PNH)

It is important you read the Notes on Page 1 "Member/Supporter Information" before making your decision.

Please register me as a supporter(without voting rights): OR Please register me as a member (with voting rights): .

*If you wish to become a Member, but feel that you may have a conflict of interest, please specify what the conflict is:

*SIGNATURE: _____ *DATE: _____

*Required information

Either mail, fax (1.905.780.0698) or e-mail (info@aamac.ca) the completed signed form to AAMAC:

Aplastic Anemia & Myelodysplasia Association of Canada
11181 Yonge Street, Suite 321
Richmond Hill, ON, L4S 1L2