



British Columbia Schizophrenia Society, Nanaimo Branch

BRANCH MEMBERSHIP APPLICATION

(Charity BN/Registration No. 89348 5425 RR 0001)

Please complete this form and return with your payment to:

British Columbia Schizophrenia Society, Nanaimo Branch

200-1585 Bowen Road, Nanaimo, BC V9S 1G4

Tel: (250) 753-9923 Email: bcssnanaimo@telus.net

www.nanaimo.bcss.org

Branch membership fee: \$ 5.00

I would also like to make a donation: \$ _____

Name: _____ Email: _____

Address: _____

City/Prov: _____ Postal Code: _____

Telephone: (Home) _____ (Work) _____ Fax: _____

Thank you for your support!

Your branch membership includes:

- Membership in the BC Schizophrenia Society, Nanaimo Branch.
- A vote at the BC Schizophrenia Society, Nanaimo Branch AGM.
- Information to educate and support families with a relative or friend who is living with schizophrenia and other serious mental illness.
- Print or emailed newsletters from BCSS Nanaimo Branch (*The Second Miler*)