

# Membership and Donation Form



Name \_\_\_\_\_ Credentials \_\_\_\_\_ Date \_\_\_\_\_

Billing/Home Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_ Email (member communication only) \_\_\_\_\_

<p><b>INDIVIDUAL</b></p>	<p><b>1-YEAR</b> <input type="checkbox"/> \$28</p>	<p>Individuals living with lymphedema or at risk for lymphedema: Includes an annual subscription to quarterly lymphedema magazine—<i>Pathways</i> with LAO <i>Lymphedema Matters</i> newsletter insert, as well as registration discounts to the LAO conference, access to educational webinars, and a single vote at the LAO Annual General Meeting.</p>
<p><b>PROFESSIONAL</b></p>	<p><input type="checkbox"/> \$150</p>	<p>Professionals working in the lymphedema community, independently or in hospital or corporate settings: Includes therapists, hospital clinicians, fitters, vendors and non-profit organizations. Includes 5 copies of annual subscription to quarterly lymphedema magazine—<i>Pathways</i> with LAO <i>Lymphedema Matters</i> newsletter insert, discounts to LAO conferences as well as an invitation to the LAO Annual General Meeting. This is a non-voting membership.</p>
<p><b>Listing Fee</b></p>	<p><input type="checkbox"/> \$50</p>	<p>For an additional fee, professional members are listed in the <i>Pathways</i>/LAO newsletter and on the LAO website:                  Listing Phone No.: _____ Listing Email _____                  Listing City/Town: _____ Listing Website _____                  Clinic/Bus. Name: _____ Clinic/Bus. Address: _____  <input type="checkbox"/> House calls/Mobile Therapy    <input type="checkbox"/> Wheelchair Accessible Clinic    <input type="checkbox"/> ADP Registered Authorizer    <input type="checkbox"/> ADP Registered Fitter    <input type="checkbox"/> ALT</p>
<p><b>CORPORATE</b></p>	<p><input type="checkbox"/> \$250</p>	<p>Manufacturers and retailers: Includes subscription to quarterly <i>Pathways</i> Magazine/LAO newsletter, discounts to LAO conferences as well as an invitation to of the LAO Annual General Meeting. This is a non-voting membership.</p>

**DONATION**     \$250     \$100     \$50     \$25     Other \$ \_\_\_\_\_    **TOTAL AMOUNT \$** \_\_\_\_\_

**PAYMENT METHOD**     Cheque made payable to payable to **Lymphedema Association of Ontario**     MasterCard     Visa     American Express

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_