



MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____

Would you like to receive our Quarterly Keep Well Newsletter by Email?

E-mail: _____

Other Keep Well Sites that you attend regularly: _____

Please fill in the above and send/bring with your \$5.00 Membership fee to:

North Shore Keep Well Society
600 West Queens Road
North Vancouver, BC
V7N 2L3

If you wish to donate to the organization please see the donation page on this web site.

NB: Please note that your information will be protected according to our Privacy Statement also found on this web site.