



Please print clearly, complete this form, and mail to MCSC.

Thank you for becoming a member with Missing Children Society of Canada.

The society's registered charity number is 10770 6392 RR0001. View our privacy statement online at www.mcsc.ca.

Personal Information

Title (check one) Dr. Ms. Mrs. Mr. Other _____

First Name _____ Last Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Work Phone _____

Email _____

Do you want to receive news and updates from MCSC at this email address? (check one) Yes No

Payment Information

Membership Fee \$15.00

Optional donation \$

TOTAL \$ A tax receipt for this amount will be mailed to you.

Payment type (check one) Cheque or Money Order Credit Card

Type of Card Visa Master Card AMEX

Cardholder Name _____

Credit Card Number (16 digits)

Expiry Date (month/year) Signature _____

Do you want to receive an email tax receipt? (check one) Yes No

Please read the terms and conditions below before signing this document.

Terms and Conditions

- I understand that my membership can be withheld or withdrawn for improper conduct or actions, whenever and wherever committed, which could bring the Missing Children Society of Canada into disrepute.
- I understand that as a member I have the right to attend and vote at Missing Children Society of Canada's annual general meeting.

Signature _____ Date _____

CONTACT INFORMATION

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