



**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](http://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- I understand that my membership can be withheld or withdrawn for improper conduct or actions, whenever and wherever committed, which could bring the Missing Children Society of Canada into disrepute.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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