



SUPPORT GROUP OF WINNIPEG, INC.
825 Sherbrook Street, Winnipeg, MB, R3A 1M5
Phone: 975-3037 / www.fmswinnipeg.com

MEMBERSHIP APPLICATION or RENEWAL / DONATION FORM

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email Address: _____

Would you like to receive your newsletter electronically? Yes ___ No ___

Please make cheques payable to the "Fibromyalgia Support Group of Winnipeg, Inc."

___ New Membership (Includes Family) \$20.00 / year

___ Membership Renewal (Includes Family) \$20.00 / year

___ Professional Membership \$30.00 / year

DONATION:

___ Charitable Donation (amounts over \$10.00 receive a charitable tax receipt)

Mail to:

Fibromyalgia Support Group of Winnipeg, Inc.

c/o SMD Clearinghouse

825 Sherbrook St.

Winnipeg, MB R3A 1M5