

# Join the WFSAD or Make a Donation

Memberships and donations may be paid by money order or cheque, in U.S. or Canadian Currency, or by Visa or Mastercard. Please print out and complete this form, and then return by mail to:

WORLD FELLOWSHIP FOR SCHIZOPHRENIA AND ALLIED DISORDERS  
124 Merton Street, Suite 507, Toronto, Ontario, M4S 2Z2, CANADA

If you are paying by credit card, you may return the form by fax if you prefer. Our fax number is +1 416 961-1948.

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## Memberships:

Voting Membership (national group)  
\$100 U.S.

Associate organization  
\$50 U.S.

Associate individual  
\$25 U.S.

## Donations:

I would like to donate:

\$25.00

\$50.00

\$100.00

\$250.00

\$500.00

Or I would prefer to donate \$\_\_\_\_\_

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## Contact Information:

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Position (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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## Payment Method:

Total Payable: \$ \_\_\_\_\_

Cheque or Money Order (enclosed)

Visa

Mastercard

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

I authorize the WORLD FELLOWSHIP FOR SCHIZOPHRENIA AND ALLIED DISORDERS to charge the amount listed above to my credit card:

X \_\_\_\_\_  
(signature of card holder)