

MEMBERSHIP FORM

Yes, I would like to be a member of the *Fetal Alcohol Spectrum Disorder (FASD) Society for British Columbia*, governing body of **The Asante Centre for Fetal Alcohol Syndrome**.

Name/or Organization: _____

Mailing Address: _____

Postal Code: _____ Phone: _____

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Your Charitable Donations are appreciated.

Donation (*tax receipt provided*): _____

Send cheque or money order to:

The Asante Centre for Fetal Alcohol Syndrome,

103 – 22356 McIntosh Avenue.

Maple Ridge, BC V2X 3C1

Tel: (604) 467-7101 Fax: (604) 467-7102

Email: **info@asantecentre.org**

THANK YOU FOR YOUR SUPPORT!