Membership Application and Renewal Form

Count me in! I want to support the work of The Kidney Foundation of Canada.

Please print clearly

We're behind you all the way.

Name _____

Address _____

City_____Prov_____Postal Code_____

Phone _____ Email _____

$10 Voting Membership + $_____ Donation = $_____ total.

All donations are gratefully accepted. Your contribution will help us provide needed services in your community.

Method of Payment: ❑ Cheque ❑ Visa ❑ Mastercard

Credit card # _____/_____/_____/_____ Expiry_____/_____

Signature _____

Please complete the following information as we are very interested in developing a profile of our membership. The information will be held in confidence.

❑ I have kidney disease ❑ I am on dialysis ❑ I have a kidney transplant ❑ I do not have kidney disease
❑ I am related to someone who has kidney disease ❑ I am a healthcare professional
❑ I am interested in the work of the Foundation
I am ❑ 17 or under ❑ 18 to 29 ❑ 30 to 44 ❑ 45 to 59 ❑ 60 to 75 ❑ 76+

www.kidney.ca/ontario