

Membership/Membership Renewal Form

This is your membership renewal form, to pay by cheque. Please use the website for credit card payments. Your small fee helps the CSA to provide services across Canada for people who stutter. Please complete and mail to address below with payment. The CSA is a registered charity. *Thank you!*

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

E-mail: _____

Phone: (____) _____ (home) (____) _____ (work) renewal new member

Membership Fees

\$20 (Cnd) per year for full membership or

My membership fee \$ _____

I would like to make a donation to CSA of \$ _____

The total amount is \$ _____

Payment Option

Please include cheque, payable to: Canadian Stuttering Association

Please indicate which of the following apply to you:

- I am an Adult (over 18) who stutters
- I am a Teenager (over 12) who stutters
- I am a Parent of a person who stutters, indicate the child's name and age: _____
- I am a Speech Language Pathologist
- I belong to a self-help group in _____
- I am not interested in joining a self-help group
- I would like information about self-help groups in my area.

You will receive an income tax receipt for donations over \$10.



Please mail to:

Canadian Stuttering Association
PO Box 3027
Sherwood Park, AB T8H 2T1



Canadian Stuttering Association