

Anxiety Disorders Association of Canada
P.O. Box 117
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Montréal, Québec
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Members will receive regular updates on ADAC/ACTA activities and related topics.

Name:

Street Address:

City: Province/State:

Country: Postal Code/ZIP:

Home Phone: Work Phone:

FAX:

E-mail: @

Web Address:

I would like to be a Professional Member of the ADAC/ACTA (\$25.00)

I would like to be a General Member of the ADAC/ACTA (\$10.00)

(Consumer/Consumer Family, General Public, sliding fee available)

I would like to make a donation of \$

Please forward me a tax receipt.

I am interested in contributing my services in the following way :

(When making your annual gift to the United Way through your place of employment, please consider designating the ADAC/ACTA as an additional recipient of your contribution.)

Signature [required] :