



**Friends of  
Medicare**

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## ORGANIZATION MEMBERSHIP FORM

Contact Information	
First name:	Last name:
Email:	Phone:
Mailing address:	
Organization:	Role:

### Membership

Annual membership with Friends of Medicare is available to organizations with a minimum donation of \$25, and are valid through December 31.

Organizational membership: = \$ 25.00  
 Make an additional donation: = \$ \_\_\_\_\_  
**Total:** = \$ \_\_\_\_\_

Payment Information	
<i>Include credit card information below, or include a cheque payable to 'Friends of Medicare' To arrange an EFT, please contact our office.</i>	
Name on card:	Expiry (MM/YY):
Card Number:	CSV:
Billing address (if different from above):	

Friends of Medicare's work depends on the support of our members and allied organizations. *Thank you!*