SCHIZOPHRENIA SOCIETY OF ALBERTA

Membership Form

The Schizophrenia Society of Alberta membership is open to any resident or association within the province of Alberta who supports the purposes of the Society. Memberships are tracked as deemed appropriate by the Board. Members may resign at any time by formal notice to the Society. Members are entitled to receive notice of, attend, speak, and vote at SSA's Annual General Meeting.

Full Name: _____

Address: _____

City:_____ Postal Code:_____

Telephone:_____ Email:_____

Would you like to receive SSA email communications? **Yes or No**

◯ Please do not mail or email

Signature:_____ Date:_____

Please complete this form and return to:
Schizophrenia Society of Alberta
4809 48 Avenue
Red Deer, AB, T4N 3T2

Or email:
info@schizophrenia.ab.ca