

Simply fill out this form and mail or fax it to Anaphylaxis Canada

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Annual Membership:**

- Individual or Family \$35
- Camp/Daycare/School \$50
- Health Professional \$50
- Corporate \$100

**Method of Payment:**

My cheque is enclosed (please, make payable to Anaphylaxis Canada)  
I will pay by credit card

**Type of card**

- Visa
- MasterCard
- American Express

**Card Number:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Mail to:**  
Anaphylaxis Canada  
2005 Sheppard Avenue East  
Suite 800  
Toronto, Ontario M2J 5B4

**Fax to:**  
416-785-0458