

Membership and Donation Form



Name _____ Credentials _____ Date _____

Billing/Home Address _____ City _____ Province _____ Postal Code _____

Phone (day) _____ Phone (evening) _____ Email (member communication only) _____

INDIVIDUAL	1-YEAR <input type="checkbox"/> \$28	Individuals living with lymphedema or at risk for lymphedema: Includes an annual subscription to quarterly lymphedema magazine— <i>Pathways</i> with LAO <i>Lymphedema Matters</i> newsletter insert, as well as registration discounts to the LAO conference, access to educational webinars, and a single vote at the LAO Annual General Meeting.
PROFESSIONAL	<input type="checkbox"/> \$150	Professionals working in the lymphedema community, independently or in hospital or corporate settings: Includes therapists, hospital clinicians, fitters, vendors and non-profit organizations. Includes 5 copies of annual subscription to quarterly lymphedema magazine— <i>Pathways</i> with LAO <i>Lymphedema Matters</i> newsletter insert, discounts to LAO conferences as well as an invitation to the LAO Annual General Meeting. This is a non-voting membership.
Listing Fee	<input type="checkbox"/> \$50	For an additional fee, professional members are listed in the <i>Pathways</i> /LAO newsletter and on the LAO website: Listing Phone No.: _____ Listing Email _____ Listing City/Town: _____ Listing Website _____ Clinic/Bus. Name: _____ Clinic/Bus. Address: _____ <input type="checkbox"/> House calls/Mobile Therapy <input type="checkbox"/> Wheelchair Accessible Clinic <input type="checkbox"/> ADP Registered Authorizer <input type="checkbox"/> ADP Registered Fitter <input type="checkbox"/> ALT
CORPORATE	<input type="checkbox"/> \$250	Manufacturers and retailers: Includes subscription to quarterly <i>Pathways</i> Magazine/LAO newsletter, discounts to LAO conferences as well as an invitation to of the LAO Annual General Meeting. This is a non-voting membership.

DONATION \$250 \$100 \$50 \$25 Other \$ _____ **TOTAL AMOUNT \$** _____

PAYMENT METHOD Cheque made payable to payable to **Lymphedema Association of Ontario** MasterCard Visa American Express

Card Number _____ Expiry Date _____ CVV _____

Name on Card _____ Signature _____