

Please complete and return this form to update our records:

Please indicate your choice of payment and return with your Visa number or cheque made out to your doctor.

Mailing Address: 390 Steeles Avenue West Unit 1, Thornhill, Ontario L4J 6X2

Surname First Name

Others in family at same address

Address

City Province Postal Code

Phone: Home

Work

Cell

Doctor

The annual fee is enclose : Cheque ()

VISA CREDIT CARD ONLY ()

Receipt Requested ()

Email:

[]

INDIVIDUAL

(\$150 + HST \$19.50) - TOTAL \$169.50

[]

COUPLE

(\$250 + HST \$32.50) - TOTAL \$282.50

[]

FAMILY

(\$300 + HST \$39.00) - TOTAL \$339.00

(includes dependent children living in the same house)

VISA NUMBER

CVV

Exp. Date

SIGNATURE