



## Society Membership Application Form

I affirm that I wish to become a member of Parkinson Wellness Projects (PWP or the Society). As a member of the Society, I have the ability to take part in Annual General Meetings of PWP, and to vote on major resolutions and the selection of board members. I have read the Society's constitution and bylaws, copies of which are set out at <http://parkinsonwellness.ca/documents> and, as a member of the Society, I agree to uphold its constitution and comply with its bylaws.

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

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

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

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

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

I affirm that I meet one or more of the following criteria to be a member of the Society:

- I have been diagnosed with Parkinson's disease or are, or have been, the primary caregiver, or immediate family member, of a person diagnosed with Parkinson's disease.
- I have been a participant in programs offered by the Society or one of the Amalgamating Societies in the past year or for a continuous period of at least one year.
- I have acted as a volunteer for the Society or one of the Amalgamating Societies in the past year or for a continuous period of at least one year.

PWP Society Membership is time-limited with its term expiring on the April 30<sup>th</sup> following the commencement of the membership, except for memberships commencing prior to April 30, 2022, which the board of directors have determined will automatically renew and not expire until April 30, 2023.

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