

# AAIA MEMBERSHIP

PLEASE **ACTIVATE MY NEW MEMBERSHIP** FOR:  **ONE YEAR \$35.00**  **TWO YEARS \$60.00**

PLEASE **RENEW MY MEMBERSHIP**  FOR:  **ONE YEAR \$35.00**  **TWO YEARS \$60.00**

PLEASE MAIL TO: AAIA NATIONAL OFFICE, 295 THE WEST MALL, SUITE 118, TORONTO, ONTARIO M9C 4Z4

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL.: \_\_\_\_\_ E-MAIL \_\_\_\_\_

## I AM INTERESTED IN:

ALLERGY  ASTHMA  ANAPHYLAXIS  ALL ASPECTS

## PAYMENT BY:

CHEQUE (MADE OUT TO THE ALLERGY/ASTHMA INFORMATION ASSOCIATION)

VISA/MASTERCARD # \_\_\_\_\_ EXPIRY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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