



MEMBERSHIP FORM

By completing this form, I apply to join the Mission Altogether for Health Care Society (MATH) and agree to pay the annual \$10.00 Membership fee.

Please submit this completed form to MATH:

E-mail: mathmembership@gmail.com

Mail: MATH, C/O Mission Division of Family Practice,
7298 Hurd Street, Mission, BC, V2V 3H6

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