

Membership application

We rely on memberships and donations to publish InforME, advocate for people with M.E., host speakers, and hold social gatherings. Join us!



Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: (____) _____

Email (optional): _____



Membership \$ 20.00

Donation \$ _____

Total enclosed \$ _____

Check if you are interested in volunteering

MEVA respects your privacy. We do not share, trade or sell our mailing list.

Please send your cheque to:

ME Victoria

Box 50032

RPO Fairfield Plaza

Victoria, BC V8S 5L8



Thank You!