

Registration Form: Family Member



Muscular Dystrophy Canada (MDC) collects personal information for a variety of purposes including the delivery of services, fundraising, quality management, research, billing and meeting legal and regulatory requirements.

MDC utilizes several safeguard measures to protect personal information and keep it confidential and will not share any personal information with any third parties unless it is directly related to the delivery or enhancement of the services that MDC provides or unless a Canadian law requires it. MDC has guidelines and procedures to prevent unauthorized access and to govern the destruction of personal information. The full MDC Personal Information Protection (Privacy) Policy is available on the MDC website or by request.

For more information about our privacy policy or MDC, please call 1-800-567-2873 or visit www.muscle.ca.

Name:

First name

Last name

Email: _____

Address:

Address 1

City

Country

Postal code

Home phone: _____

Mobile phone: _____

Language preference: English

Français

About you:

What is your connection to a person with a neuromuscular disorder?*

I am a parent/step-parent/guardian

I am a sibling

I am a spouse/partner

My parent has a neuromuscular disorder

Other:

Please submit completed form to:
Muscular Dystrophy Canada,
40 Eglinton Avenue East, Unit 500,
Toronto, Ontario, M4P 3A2, CA
or email to registration@muscle.ca