

Registration Form: Friend & Acquaintance



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 interest with Muscular Dystrophy Canada? (check all that apply)

- I am a friend
- I am an advocate
- I am an employer
- I am an educator
- I am a student
- I want to know more
- Other: _____

PLEASE SUBMIT COMPLETED FORM TO:

Muscular Dystrophy Canada,
40 Eglinton Avenue East, Unit 500,
Toronto, Ontario, M4P 3A2, CA
Email: registration@muscle.ca
Fax: 1 866 726-8732