

Please complete and return this form via fax or to the email address below.

Personal Information	
Your name:	Phone #:
Email Address:	
Business or Organization Name: (If applicable)	
Address:	City / Town:
Province / Territory:	Postal Code:
Volunteer experience that most interests you: <input type="checkbox"/> Special events <input type="checkbox"/> Office admin/support <input type="checkbox"/> Arthritis Patient Advisory Board	
When are you typically available? <input type="checkbox"/> Weekdays (9am – 5pm) <input type="checkbox"/> Evenings (6pm – 9pm) <input type="checkbox"/> Weekends <input type="checkbox"/> Flexible schedule	
Additional Information: (Optional)	

**Please send to:**

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