



# GoodHearts Mentoring Foundation



## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt./Suite No.

\_\_\_\_\_ Town/City Province Postal Code

Phone: \_\_\_\_\_  
Day Evening

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Transplant Candidate

Transplant Recipient  Year of transplant: \_\_\_\_\_

Membership Fee (\$10.00)

Cash

Cheque  Cheque No: \_\_\_\_\_

GoodHearts Mentoring Foundation will strive to protect the personal information within its control. It does not sell, rent or give your personal information to any third parties. It will only use the information for the purposes that it has been given.

Signature: \_\_\_\_\_

Please mail to:  
GoodHearts Mentoring Foundation  
11423 55th Avenue  
Edmonton, AB T6H 0X3