



CANADIAN HEMOPHILIA SOCIETY BRITISH COLUMBIA CHAPTER



Membership Application - 2012

*** Membership is due each calendar year and is valid from date of approval to December 31st ***
(After one year of inactive membership, names are dropped from the membership list)

MAIL TO CHS - BC CHAPTER

P.O. Box 21161 Maple Ridge Square RPO Maple Ridge, B.C. V2X 1P7

PLEASE PRINT CLEARLY & FILL OUT BOTH PAGES

Check one:

☐ I have **not** applied for membership before

☐ I am **renewing** my membership

1. Name (Last, First): _____

Children living at home: _____ Birthday: _____

Children living at home: _____ Birthday: _____

Children living at home: _____ Birthday: _____

2. Address (Street, City, Province & Postal Code):

3. Home Phone: _____ **Work Phone:** _____

4. E-Mail Address: _____

5. Who in your family has a bleeding disorder? _____

6. Person with a bleeding disorder **registered with the BC Bleeding Disorder Clinic: YES: ☐ NO: ☐**

7. Type of hemophilia/bleeding disorder you or your family member is affected by (Optional - Check ones that apply):

Factor VIII: _____ Mild: _____ Moderate: _____ Severe: _____

Factor IX: _____ Mild: _____ Moderate: _____ Severe: _____

Von Willebrand (vWD): _____ Mild: _____ Moderate: _____ Severe: _____

Other (List): _____

**** All membership applications are subject to acceptance by the board of directors ****

Enclosed are my year 2012 dues:

_____ \$FREE Persons with hemophilia or a bleeding disorder. Spouse of a person with hemophilia or a bleeding disorder. Parent, Guardian, or Grandparent of a child under the age of 25 with hemophilia or a bleeding disorder.

_____ \$10.00 Single Membership Dues (cheque payable to CHSBC – **no cash please**)

Please accept my additional donation of \$ _____ Charitable Tax Receipt: (Y/N) _____

I am willing to help with the following for the CHSBC!

(Please check those that apply)

Help with Fundraising _____

Write Grants or research proposals
(experienced Grant Writers appreciated) _____

Coordinate Volunteers _____

Help with Community social functions
(camp, family picnic, kids' Christmas party) _____

Help the CHSBC Chapter facilitator:
(help Chapter facilitator with special projects) _____

Want to help, but not sure how: _____

SUGGESTIONS FOR THE SOCIETY

The CHSBC wants to help meet your and your family's needs. What activities and/or programs would you like to see offered by the society? All suggestions are welcome!

1.

2.

3.

I know a service organization willing to support the CHSBC (example: provide discounts for supplies or services such as printing, admissions, etc.)

Service Organization Name: _____

Contact Person: _____ **Phone #:** _____