



# CANADIAN HEMOPHILIA SOCIETY BRITISH COLUMBIA CHAPTER



## Membership Application - 2012

**\* Membership is due each calendar year and is valid from date of approval to December 31<sup>st</sup> \***  
(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 #:** \_\_\_\_\_