



CANADIAN HEMOPHILIA SOCIETY  
BRITISH COLUMBIA CHAPTER



Membership Application - 2025

\* To keep your membership information current please submit form annually \*

**PLEASE PRINT CLEARLY** and **MAIL TO CHS - BC CHAPTER**

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

I have not applied for membership before OR  I am renewing my membership

1.  Mr \_\_\_\_\_, \_\_\_\_\_  
 Mrs \_\_\_\_\_ LAST NAME FIRST NAME  
 Ms \_\_\_\_\_

Children living at home: \_\_\_\_\_

Children living at home: \_\_\_\_\_

Children living at home: \_\_\_\_\_ Birthday: \_\_\_\_\_

(City, Province & Postal Code): \_\_\_\_\_

**APPLICATION WILL BE AVAILABLE SHORTLY**

3. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

4. E-Mail Address: \_\_\_\_\_