

Membership Application - 2024



* To keep y	our membership informa	ation current please submit f	orm annually *	
PLEAS	E PRINT CLEARLY	and MAIL TO CHS - BC C	HAPTER	
P.O. Box 21	61 Maple Ridge Sq	uare RPO Maple Ridge	e, BC V2X 1P7	
□ I have not applied for m	embership before	<u>OR</u> □lam n	enewing my member	ship
1. □ Mr □ MrsL □ Ms	AST NAME	,F	IRST NAME	
Children living at home:		Birthday:		
Children living at home:		Birthday:		
Children living at home:	Children living at home: Birthday:			
	Work Phone:			
4. E-Mail Address:				
5. Who in your family has a l Name (if other than yours		∝all that apply) □ Self □ C	•	□ other
6. Person with a bleeding dis	order registered with th	ne BC Bleeding Disorder Clin	nic: 🗆 YES 🛛	NO
7. Type of hemophilia/bleedi	ng disorder you or your	family member is affected by	y (Check ones that apply):	
Factor VIII:	Mild:	Moderate:	Severe:	
Factor IX:	Mild:	Moderate:	Severe:	
Von Willebrand (vWD):	Mild:	Moderate:	Severe:	
Other (List):				

8. I confirm that I am
Canadian Citizen, residing in BC OR
Permanent Resident of Canada, residing in BC

Signature

Date

** All membership applications are subject to acceptance by the Board of Directors **

Enclosed are my year 2024 dues:

SFREE 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 <u>additional</u> donation of \$	Charit	able Tax Receipt: 🗆 YES 🛛 NO			
How did you hear about the BC Hemophilia Society?					
Hemophilia Clinic	ite (BC or National)	□ Family or Friend			
□ Other					
<u>I am willing to help with the following for the CHSBC!</u> (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 #: _____