

Enclosed are my year 2024 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: YES NO

How did you hear about the BC Hemophilia Society?

Hemophilia Clinic Website (BC or National) Family or Friend

Other _____

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 #:** _____