



**CANADIAN HEMOPHILIA SOCIETY  
BRITISH COLUMBIA CHAPTER**



**Membership Application - 2017**

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

**MAIL TO CHS - BC CHAPTER**

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

**PLEASE PRINT CLEARLY & FILL OUT BOTH PAGES**

I have **not applied for membership before**                      **OR**                       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?**    **self**                       **child**                       **spouse**                       **other**

Name (if other than yourself): \_\_\_\_\_

**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 (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 a **Canadian Citizen** and a **Permanent Resident of BC:****                       **YES**                       **NO**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**Enclosed are my year 2017 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

**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 #:** \_\_\_\_\_