

Individual Membership Application Form

Note: Memberships are valid April 1, 2017 to March 31, 2018

Name	Phone/Cell
Address	City/Prov
Postal Code Email	
I would like to receive the Caregiver Connection newsle	etter Email? Hard Copy? Not at all?
Individual Membership \$20.00 Renewal	
I enclose a donation of: \$ (Tax receipts are issued only for donations of \$20 or more over the basic membership fee. Charitable Registration # BN RR0001)	
Cheques are payable to Family Caregivers Society of BC. Please do not send cash in the mail. As a member, I agree to uphold the Constitution and comply with the Bylaws of the Society. (Copies available upon request).	
The following demographic information is needed to report back to our funders.	
I live in the following Health Authority: Island Health \Box Vancouver Coastal Health \Box	
Fraser Health \square Interior Health \square Northern Health \square Note:	
Please specify which municipality you live in:	
I am: female \square male \square Under the age of 65 \square 65 years of age and up \square	
Membership profile for new members only: This section is optional. We would appreciate any information you would like to provide to assist us in serving our membership better. Please check any that may apply.	
I am a caregiver for a: $spouse/partner \square$ $parent \square$ adult $child \square$ other $relative \square$ friend \square other \square	
I am: $\operatorname{retired} \square$ $\operatorname{employed} \operatorname{full-time} \square$ $\operatorname{employed} \operatorname{part-time} \square$ $\operatorname{raising} \operatorname{children} \square$ $\operatorname{not} \operatorname{employed} \square$ $\operatorname{other} \square$	
The person I care for: is frail/elderly \square has a disability \square is chronically ill \square has a terminal illness \square other \square	
The person I care for lives: with me \Box independently \Box in a care facility \Box out of town \Box other \Box	
Has your employment been impacted: Yes No If yes, how? reduced hours of work \square had to quit \square early retirement \square used vacation/sick time \square lost job \square compassionate care leave \square other \square	
Please return this form to:	

Family Caregivers Society of BC #6 – 3318 Oak Street, Victoria BC V8X 1R1