

Individual Membership Application Form

Current memberships expire on March 31. If you pay for an annual membership between January 1 and March 31, your membership will be extended to the following March 31.

Name	Phone/Cell
Address	City/Prov
Postal Code Email	
Yes, I prefer to have the quarterly Caregiver Connection newsletter emailed to me \square or mailed to me \square	
Individual Membership \$20.00 Renewal	
l enclose a donation of: \$ (charitable tax receipts will only be issued for donations of \$20 or more)	
Cheques 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: Islan	d Health Vancouver Coastal Health
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: retired employed full-time employed part-time raising children not employed other other	
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 ☐ had to quit ☐ early retirement ☐ used vacation/sick time ☐ lost job ☐ compassionate care leave ☐ other ☐	
Please return this form to:	

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

Ph: (250) 384-0408 Toll-free: 1-877-520-3267 info@familycaregiversbc.ca www.familycaregiversbc.ca