

Membership Renewal Form – Please Print

Membership is valid from **April 1st to March 31st**.

Mr. Mrs. Ms. Miss _____
(Last name) (First name)

Address: _____
(Apt #) (Street address) (City/Prov.)

(Postal code) (Phone #) (Email address)

Please note: This information is for statistical and reporting purposes only (which has a direct impact on our funding) and will remain strictly confidential. Thank you for taking the time to provide us your answers.

- 1) Are you a person with a Disability?** Yes No
(Definition: A disability is a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities.)
- 2) Are you an Immigrant/New Canadian?** Yes No
(Definition: Individuals born outside of Canada, those who came to Canada during the last 10 years.)
- 3) Are you a Visible Minority?** Yes No
(Definition: Individuals who are neither Caucasian nor aboriginal.)
- 4) Are you a Francophone?** Yes No
(Definition: People whose first official language is French and are capable of conversing in French.)
- 5) Are you a member of the First Nations, Métis and/or Inuit?** Yes No
- 6) Are you a member of the LGBT community?** Yes No
- 7) Are you a Rural Resident?** Yes No
(Definition: Those living in Wards 4 (Kanata Nord), 19 (Cumberland), 20 (Osgoode), and 21 (Rideau-Goulbourn))

No Changes (Please sign and date below)

Emergency Contact Information:

1) Person to notify: _____ Phone: (H) _____
 Address: _____ Phone: (W) _____
 Relationship: _____ Phone: (C) _____

Medical Information:

Has your medical condition changed? Yes No If **yes**, please advise: _____

Member Signature: _____ **Date:** _____

Privacy Statement: The Good Companions respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to privacy. We use your personal information to provide tax receipts and to mail out quarterly information packages to keep you informed about activities including special events, information updates, funding needs and opportunities to volunteer or give. If at any time you wish to be removed from any of these mailings, please call 613-236-0428, extension 100.

For office use only. Please print.

Membership Amount Paid: \$ _____ Date Received: _____ Membership Year Purchased: _____

Additional:

- Single Locker (\$14.00)
- Double Locker (\$28.00)
- Parking (\$26.95)

Completed:

- In Person
- Sent in by Mail
- Over the Phone

Method of Payment:

- Cash
- Cheque
- Credit Card
- Interac

Staff Name: _____