

Membership Registration Form – Please Print

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

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

Name you would prefer on Membership Badge: _____

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

(Postal code)

(Phone #)

(Email address)

Birth date: _____ Male Female
(Day /Month / Year)

Marital Status: _____

Emergency Contact Information:

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

Relationship: _____

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

Relationship: _____

Medical Information:

Do you have any health conditions or personal needs which we should know about? Yes No

If **yes**, please identify: _____

Do you have a Medical Alert Card? Yes No **Bracelet?** Yes No

If yes, for what? _____

Personal Information:

Preferred Language: _____ Other languages spoken: _____

How will you get to and from the centre? _____

Para # (if used): _____ Do you use cane walker wheelchair other _____

Will you be accompanied by an Attendant/Personal Support Worker Yes No

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))

Are you interested in becoming a volunteer at The Good Companions? Yes No
 not at this time

Would you like a tour of the centre and the programs offered here? Yes No

If hospitalized, would you like a visitor from The Good Companions? Yes No

How would you like to receive your quarterly bulletin?

- Will pick it up at the centre Will download from website Mailed

Do you need assistance with paying The Good Companions fees? Yes No

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: _____