

## Membership Renewal – Please Print

Membership is valid from **April 1<sup>st</sup> to March 31<sup>st</sup>**.

Mr.  Mrs.  Ms.  Miss \_\_\_\_\_

**Last name**

**First name**

**Address:** \_\_\_\_\_

Apt #

Street Address

City/Prov.

Postal Code

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**No Changes (Please sign and date on the reverse side)**

**Preferred method of communication:**  Phone  Email  TTY  Mail  In Person (when possible)

**Preferred method for receiving quarterly bulletin:**

Will pick it up at the Centre  Will download from website  Mailed  Emailed

### **Emergency Contact Information:**

1) Person to notify: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (W) \_\_\_\_\_

\_\_\_\_\_ Phone: (C) \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

2) Person to notify: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (W) \_\_\_\_\_

\_\_\_\_\_ Phone: (C) \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Should we communicate with one of your emergency contacts on your behalf in non-emergencies (e.g. for reminder calls for appointments, invoices, program information, etc.)?  Yes  No

If **yes**, please list name here: \_\_\_\_\_

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

If **yes**, please list name of attendant and/or agency here: \_\_\_\_\_

### **Medical Information:**

Has your medical condition changed?  Yes  No

Have your personal needs while at the Centre changed?  Yes  No

If **yes**, please advise: \_\_\_\_\_

**Please note:** The information collected in the following 7 questions is for statistical and reporting purposes only (which has a direct impact on our funding) and will remain strictly **confidential**.

- 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 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  
(Definition: Lesbian, Gay, Bisexual, Transgender)
- 7) Are you a Rural Resident?**  Yes  No  
(Definition: Those living in Wards 4 (Kanata North), 5 (West Carleton-March), 19 (Cumberland), 20 (Osgoode), and 21 (Rideau-Goulbourn).)

**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 2100.

***For office use only. Please print.***

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

**Additional:**

- Single Locker (\$14.00)  
 Double Locker (\$28.00)  
 Parking (\$30.00)

**Completed:**

- In Person  
 Sent in by Mail  
 Over the Phone

**Method of Payment:**

- Cash  
 Cheque  
 Credit Card  
 Interac

Staff Name: \_\_\_\_\_