

Membership Renewal – 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:** _____

OHIP # _____

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:

Covid-19 Vaccine Dates: **1st Vaccine** _____ **2nd Vaccine** _____

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
 Online

Method of Payment:

- Cash
 Cheque
 Credit Card
 PayPal

Staff Name: _____