

New Member Application – 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:** _____

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

Birth date (dd/mm/yy): _____ **Gender:** Male Female Transgender Other

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

Preferred Language*: _____ **Other languages spoken:** _____

Marital Status: _____

How will you get to and from the Centre? _____

Para # (if used): _____ (please note all Para bookings must be made no later than 3 pm)

Do you use an assistive device? cane walker wheelchair other _____

How did you hear about us? _____

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

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

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:

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? _____

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.

*Stating a preferred language does not guarantee that we will serve you in that language. When possible, reasonable attempts will be made to communicate with you in the language of your choice if we have an available staff or volunteer who speaks the language.

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: _____