 The Sickle Cell Association of BC

**Membership Application** **Form**

Thank you for your interest in becoming a member of the Sickle Cell Association of BC (SCBC). Please complete the form below and return it to The Sickle Cell Association of BC, 322-104-1015 Columbia Street, New Westminster, BC, V3M 6V3. Phone: 778-710-0024. Or visit us at our website at [www.sicklecellassociationofBC.com](http://www.sicklecellassociationofBC.com). Please feel free to attach additional sheets to answer questions as necessary.

**New Membership** \_\_\_\_\_ **Renewal** \_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member’s Information**

**First Name Last Name**

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**Mailing Address Suite or Apt Number**

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**City Province Postal Code**

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**Phone / Cell** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail Address / Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am a…**

□ Patient □Caregiver □Family Member □Parent of a child with Sickle Cell

□Medical Professional\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please specify) □Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify)

All personal information collected by the Sickle Cell Association of BC (SCBC) is used solely as a means of communication with its members and those interested in becoming members. We gather and store information in a secure database and use it only to communicate with these individuals. We do not sell or share this information in any way with third parties.

**Member Fees and Contributions:**

I would like to become a member, enclosed is my annual dues contribution

□$20.00 Individual □$40.00 Family Membership □ Number of person with sickle cell in family

□I would like to make an additional contribution of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Your donation will be applied to any of the following areas of SCBC programming, which include, but are not limited to: educational materials, administrative costs, awareness campaigns, patient scholarships, local support groups/regional chapter support and educational events such as conferences.)

**Volunteer Interest:**

□I am interested in volunteering my time to SCBC. I would like a member of SCBC staff to contact me to explore ways in which I can help.

**Payment:**

□**Visa** □**Mastercard** □**Cheque or Money Order** **enclosed** (Made payable to the Sickle Cell Association of BC)

**Total enclosed** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card Number** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Expiration date**| | | | | | | | |

**Name** (as it appears on card) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |