



MEMBERSHIP AND RENEWAL

APRIL 1ST 2022 TO MARCH 31ST 2023

Annual fee for one person: 20.00 \$

ACTIVE CAREGIVER	<input type="checkbox"/>	SUPPORTER/LOVED ONE	<input type="checkbox"/>
NON ACTIVE CAREGIVER	<input type="checkbox"/>	NEW MEMBERSHIP	<input type="checkbox"/>
VOLUNTEER	<input type="checkbox"/>	RENEWAL	
SUPPORTER	<input type="checkbox"/>	(EACH YEAR APRIL 1 ST)	<input type="checkbox"/>

MEMBER INFORMATION

LAST NAME :	
FIRST NAME :	
ADDRESS :	
TOWN :	
POSTAL CODE :	
HOME PHONE NUMBER ::	
CELL PHONE NUMBER :	
EMAIL ADDRESS :	
BIRTH DATE :	
SPOKEN LANGUAGE :	

INFORMATION ON YOUR LOVED ONE

FIRST AND LAST NAME	
CAREGIVER SINCE:	
LOVED ONE DATE OF BIRTH:	
LOVED ONE DISABILITY:	
RELATIONSHIP WITH LOVED ONE :	
SPOKEN LANGUAGE	

Would you like to receive your newsletter helping hands in French or English

Please take note that your renewal on April 1st each year is necessary to receive the journal and to have access to our services. Thank you!

THANK YOU FOR INCLUDING YOUR PAYMENT:

AMOUNT: _____ \$ CASH : CHECK : CREDIT/DEBIT: BANK TRANSFER ::

MEMBER SIGNATURE :

DATE :

NOTES (FOR BMCSG) :