



BC PULMONARY HYPERTENSION SOCIETY MEMBERSHIP APPLICATION FORM

2881 Canyon Park Place, Victoria, BC V9B 4Z4 TEL 250.391.9703 www.bcphs.org

NEW MEMBERSHIP

RENEWAL

DATE:

SECTION 1 PERSONAL INFORMATION *NOTE: Please print clearly in all sections*

NAME:
First Name Initial Last Name

ADDRESS:

CITY: PROVINCE: POSTAL CODE:

TEL: () FAX: () EMAIL:

I AM A:

PATIENT CAREGIVER FAMILY MEMBER
 PROFESSIONAL OTHER
(Please specify) (Please specify)

SECTION 2 MEMBER FEES AND CONTRIBUTIONS

YES, I WOULD LIKE TO BECOME A MEMBER, ENCLOSED IS MY ANNUAL DUES CONTRIBUTION:

\$10.00 INDIVIDUAL \$25.00 FAMILY MEMBERSHIP \$100.00 CORPORATE *(NO VOTING RIGHTS AT GM/AGM'S)*

I WOULD LIKE TO MAKE AN ADDITIONAL CONTRIBUTION OF \$ TO HELP IN THE DEVELOPMENT OF BCPHS FOR ALL OF BRITISH COLUMBIA, THE NORTHWEST TERRITORIES AND THE YUKON.

SECTION 3 VOLUNTEERING INTEREST

I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREA(S) *(Please check all applicable):*

VANCOUVER/LOWER MAINLAND VANCOUVER ISLAND OTHER

I WOULD LIKE TO VOLUNTEER MY HELP FOR THE FOLLOWING EVENT(S) *(Please check all applicable):*

FUNDRAISING AWARENESS PROJECTS NEWSLETTER *(PH Way)*
 EVENT PLANNING *(i.e. Symposium)* SUPPORT GROUP OTHER

PLEASE SEND YOUR CHEQUE OR MONEY ORDER PAYABLE TO BC PULMONARY HYPERTENSION SOCIETY WITH THIS FORM.

TOTAL ENCLOSED: \$ SIGNATURE

ALL MEMBERS MUST BE APPROVED BY THE BOARD