

Richmond Centre for Disability

"Promoting a new perspective on disability"

RCD AFFILIATE FORM

For anyone who is interested to support and be involved with the RCD

Name: First Name Last Name	Email:
Address: House/Apt. No. Street	
Telephone (H):	
Telephone (O):	Fax:
Date of Birth:	Male ☐ Female ☐
Fee Payment: \$10 (payable at the time of joining) The RCD will waive the fee payment for people who experience financial hardship. Check this box if you wish to have your fee waived. You will be on the RCD mailing list to receive newsletters and centre information by mail or by email. If you provide an email address above, we will send via email. If you don't want to be on the mailing list, please check this box. You are a person with disabilities. Yes Disability Type (optional): You are a family member of a person with disabilities. Yes Disabilities.	
You want to join the RCD Chinese Support Ground Language: Cantonese Mandarin (You') You want to join the RCD Filipino Parents with Some want to make a donation to the RCD. (A tail \$5 \ldots \$10 \ldots \$20 \ldots \$5	Il receive Chinese Support Group communication in Chinese) Special Needs Children Group. Yes
Signature:	Date:

Your privacy is very important to us, and the information you provide us will be kept totally confidential and used ONLY for connecting with you. We protect your personal information and adhere to all legislative requirements with respect to privacy.

MORE INFORMATION FOR AFFILIATES

Category:

- 1. RCD Affiliates refer to anyone who is interested to be involved with the RCD in capacity other than participating in activities. If you are a person with disabilities and want to join RCD activities, please fill out a RCD Participant Form.
- Family members of people with disabilities, parents who would like to join the RCD Chinese Support Group, as well as community members can all join the RCD under this category.
- 3. The first time registration fee is \$10, payable at the time of joining. There is a one-time fee.
- 4. RCD Affiliates are welcome to support RCD's work. Contact RCD to discuss your plan.

Please send completed Affiliate Form and fee to: Richmond Centre for Disability #842 - 5300 No. 3 Road (Lansdowne Centre) Richmond, BC V6X 2C7 Tel: 604-232-2404 Fax: 604-232-2415 Email: rcd@rcdrichmond.org **OFFICE USE:** Fee: _____ Donation: ____ Payment Method: _____ Receipt Number: _____ Date of Receipt: _____ Fee Waived Yes Signed up by: _____ Chinese Support Group: Individual # _____ Family # ____ RCD Database Number: _____ RCD In-Take Number: ____

Voting Member ☐ Participant ☐ Affiliate ☐ Volunteer ☐