



Richmond Centre for Disability

"Promoting a new perspective on disability"

RCD PARTICIPANT RENEWAL FORM (2018)

For Returning Participants from Previous Year(s)

Participant Info

RCD Membership #: _____

Name: _____ Email: _____
First Name Last Name

Address: _____
House/Apt. No. Street City Province Postal Code

Telephone (H): _____ Cell: _____

Telephone (O): _____ Fax: _____

Date of Birth: _____ Male Female

Fee Payment: \$5 (payable at the time of renewal)

The RCD will waive the fee payment for participants who experience financial hardship.
Check this box if you wish to have your fee waived.

You want to make a donation to the RCD. (A tax receipt will be issued for donation \$20 or above)

\$5 \$10 \$20 \$50 \$ _____

Payment Method: Cash (do not put cash in the mail) Cheque (made payable to RCD)

Credit Card Visa / MasterCard Card #: _____

Expiry Date: _____
mm/yy

Signature: _____ Date: _____
dd/mm/yy

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.

Please send completed Participant Renewal Form and fee to RCD, in person or by mail to 100-5671 No. 3 Road, Richmond, BC V6X 2C7 or by fax: 604-232-2415 or email: rcd@rcdrichmond.org

Additional Information:

Participants need to renew registration annually in order to join RCD's activities; once registration is renewed, it is good till the end of December of the same year.

A participant is a person with disabilities who accesses the services of and participates in the activities at the RCD on a regular basis.

*If you do **NOT** join any RCD activities, you do not need to fill out the renewal form. You remain as an Affiliate of the RCD. If you are interested in signing up as a Voting Member of the RCD, please fill out the Voting Member Application Form as well. All forms are available on RCD website www.rcdrichmond.org.*

If you have any question regarding this participant renewal process, please call Ella or Tom at 604-232-2404 or email rcd@rcdrichmond.org.

OFFICE USE:

Fee: _____ Donation: _____ Payment Method: _____

Receipt Number: _____ Date of Receipt: _____

dd/mm/yy

Fee Waived: Yes

Staff Member In-Charge: _____

Notes: