



# Richmond Centre for Disability

## Maximizing Independence

### RCD Voting Member Registration Form

#### MEMBERSHIP TYPE

- ☐ **New Voting Membership** - new registration fee: \$20
- ☐ **Voting Membership Renewal** - renewal fee: \$20/per year
- ☐ **Life-time Membership** - Fee: \$200 (one time payment)

#### PERSONAL INFORMATION

**First Name:**  **Last Name:**

**Date of Birth:**  **Gender:** ☐ Male ☐ Female ☐ Others

**Address:**

**City:**  **Province:**

**Postal Code:**  **Email Address:**

**Home phone:**  **Cell:**

☐ **You are a person with disabilities.** **Disability Type** (optional):

☐ **You are a family member of a person with disabilities**

**Name of person with disability** (optional):

You will be added to the RCD mailing list to receive newsletters and updates about centre programs and services. If you have provided an email address above, communications will be sent via email.

☐ If you prefer not to receive these updates, please indicate by checking the box.

☐ You want to make a donation to support the RCD.

*A tax receipt will be issued for donation \$20 or above*

☐ \$5 ☐ \$10 ☐ \$20 ☐ \$50 ☐ \$\_\_\_\_\_

**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.

## NEXT STEP

Please send completed Voting Member Application and fee to:

Membership Committee  
Richmond Centre for Disability  
968 - 5300 No.3 Road (Lansdowne Centre)  
Richmond BC V6X 2X9

Tel: 604-232-2404

Fax: 604-232-2415

Email: [rcd@rcdrichmond.org](mailto:rcd@rcdrichmond.org)

Your membership application will be forwarded to RCD Board of Directors for approval. Upon approval, a welcome package will be sent to you.

## OFFICE USE

**New registration/Renewal Fee:**

**RCD Voting Membership Number:**

**Life-time membership Fee:**

**Donation:**

**Total:**

**Fee Waived:** ☐

**Payment Method:**

☐ Cash

☐ Debit

☐ AMEX

☐ Visa

☐ MasterCard

**Receipt Number:**

**Date of Receipt:**

**Signed up by / Staff Member In-Charge:**