



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
150 - 5520 McNaughton Road
Richmond BC V6X 0X8

Tel: 604-232-2404

Fax: 604-232-2415

Email: 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: