

# Canadian Hemophilia Society



## Canadian Hemophilia Society, Manitoba Chapter

### **The Canadian Hemophilia Society (National) and the Manitoba Chapter MEMBERSHIP REGISTRATION FORM**

Benefits of membership in the Canadian Hemophilia Society and the Manitoba Chapter include:

- notification of and right to attend all national and chapter meetings of members;
- entitlement to vote on any vote taken by members;
- a free subscription to Hemophilia Today, the CHS national newsmagazine serving the bleeding disorders community;
- other, as the Manitoba Chapter Member Services. (For more see <http://www.hemophiliamb.ca/member-services/>)

There is no registration fee at either the national or Manitoba level

The Canadian Hemophilia Society and/or the Manitoba Chapter will use the information above to:

- build national and chapter membership lists, as required by not-for-profit corporations acts;
- send you the National and Provincial newsletters;
- send you notices of members' meetings, programs and services; and
- from time to time solicit members for their support.

**IMPORTANT:** Your names will not be used for any other purpose than those mentioned above and the CHS and the Manitoba Chapter will not share your name or contact information.

The Manitoba Chapter works closely with the national organization, the Canadian Hemophilia Society (CHS). Members of the Manitoba Chapter are also members of the CHS, unless they choose not to be.

Check this box if you wish to receive Hemophilia Today by mail.

Check this box if you would prefer to receive Hemophilia Today via e-mail.

Additional information can be obtained by contacting Manitoba Chapter. See [www.hemophiliamb.ca](http://www.hemophiliamb.ca)

## MEMBERSHIP REGISTRATION FORM

The Manitoba Chapter will automatically provide your name and address to the Canadian Hemophilia Society, unless you instruct Manitoba the Chapter not to.

Check this box if you do not want the Manitoba Chapter to provide your name and address to the Canadian Hemophilia Society.

Categories of members. Please check the one that applies to you.

Regular member (People diagnosed with an inherited bleeding disorder and/or immediate family members (parents, children, siblings and grand-parents) of those diagnosed)

Associate member (Individuals desiring to support the above stated mission of the chapter, and whose names appear on the membership list thirty (30) days prior to the Annual General Meeting)

Health care provider member (Health care providers treating people with inherited bleeding disorders)

Honorary member (Individuals who have made an outstanding achievement towards furthering the mission of the organization)

Name

Address

City/Town

Province

Postal Code

Telephone Number

Email Address

Date

Signature - By typing  
your name here you are  
signing this document.

An online registration form is also available at: <http://www.hemophiliamb.ca/membership/>

## MANITOBA CHAPTER MEMBER INFORMATION

CHS-MC respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell, or trade our mailing lists. The information you provide will only be used to deliver services and to keep you up-to-date on Chapter activities (by mail, email, or phone) including programs, services, special events, funding needs, opportunities to volunteer, or to give. Your information will be used for these purposes only. If at any time you wish to be removed from our listing simply contact us by phone or email and we will gladly accommodate your request. \*\*Because some of our services are specific to certain bleeding disorders, please complete the following to help us serve you better.

Your Name

Date of birth

Gender

Male

Female

Type of Bleeding  
Disorder and Severity  
(If applicable)

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Family Member 1 Name

Date of birth

Gender

Male

Female

Type of Bleeding  
Disorder and Severity  
(If applicable)

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Family Member 2 Name

Date of birth

Gender

Male

Female

Type of Bleeding  
Disorder and Severity  
(If applicable)

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Family Member 3 Name

Date of birth

Gender

Male

Female

Type of Bleeding  
Disorder and Severity  
(If applicable)

Family Member 4 Name

Date of birth

Gender

Male

Female

Type of Bleeding  
Disorder and Severity  
(If applicable)

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Family Member 5 Name

Date of birth

Gender

Male

Female

Type of Bleeding  
Disorder and Severity  
(If applicable)

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Family Member 6 Name

Date of birth

Gender

Male

Female

Type of Bleeding  
Disorder and Severity  
(If applicable)