



Amputee Coalition of BC Society

#104 – 7728 – 128th St.
PO Box 152-Surrey, B.C.
V3W 1L3

Phone: 778-800-9823
Email: info@amputees.ca
www.amputees.ca

MEMBERSHIP FORM

Name: _____ Date of Birth: _____

Address: _____
Street Apt./Suite/Unit #

City: _____ Prov: _____ Postal Code: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____ Fax: _____

Type of Disability, if applicable _____

Cause & Date of Disability _____

Level of Amputation _____

Do you wear a prosthesis? Yes ____ No ____ Part-time ____

Any special skills or talents you might have, or be willing to contribute?

Comments or additional information you wish to share with us:

Membership: Annual Fee: (\$25) _____
Corporate (\$100) _____

Applicant's Signature: _____

Signature of parent if applicant is under 18 yrs of age: _____

Please mail this form to above noted address along with a cheque for the appropriate fees.

Thanking you in advance!