



# FINNISH CANADIAN REST HOME ASSOCIATION

2288 HARRISON DRIVE, VANCOUVER, B.C. V5P 2P6 •

FAX (604) 325-2394 • TELEPHONE (604) 325-8241

<b>MEMBERSHIP APPLICATION</b>		
<b>APPLICANT INFORMATION</b>		
Name:		
Current Address:		
City:	Province:	Country:
Postal Code:	Phone:	
E-mail:	Referred by:	
Date of birth:	Place of Birth:	Ethnic origin:
<b>OTHER CONTACT INFORMATION</b>		
Spouse:		
Name of closest living relative:	Phone:	
<b>MEMBERSHIP TYPE</b>		
<input type="checkbox"/> LIFE MEMBERSHIP: \$250	<input type="checkbox"/> ANNUAL MEMBERSHIP: \$25.00 or more per year until the \$250.00 Life Membership is paid in full. Annual membership expires every year on March 31.	
<b>MEMBER'S PERSONAL INFORMATION</b>		
<p>The FCRHA collects and uses personal information about members for the following purposes:</p> <ol style="list-style-type: none"> <li><i>To communicate with them on membership matters</i> For example, providing information about events and services available to them, inviting them to social events, care or housing related events, invoicing, and sharing news of interest about the Association.</li> <li><i>To recognize members of the Association</i> For example, providing names of new members, lifetime members and deceased members, publishing photographs and names of members, and providing the names of donors.</li> </ol> <p><input type="checkbox"/> I have read the FCRHA policy on the use of member's personal information. I allow the FCRHA to use my personal information as outlined above.</p>		
<b>SIGNATURE</b>		
I, the undersigned, hereby apply for membership in the Finnish Canadian Rest Home Association. I accept and agree to abide by the Constitution and By-Laws of the Association.		
Signature of applicant:		Date:
<b>FOR BOARD OF DIRECTORS USE ONLY</b>		
<b>MEMBERSHIP APPLICATION APPROVED BY:</b>		
Director:	Director:	