



## Membership Form 2019

**Family Name** \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ d \_\_\_\_\_ m \_\_\_\_\_ y Gender: \_\_\_\_\_ m \_\_\_\_\_ f

Diagnosis: \_\_\_\_\_ Date Diagnosed \_\_\_\_\_

On treatment \_\_\_\_\_ Off treatment \_\_\_\_\_ Bereaved \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Siblings: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (home): ( \_\_\_\_\_ ) \_\_\_\_\_

Telephone (cell): ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*please note that we communicate with our member families through email\*\***  
**By providing your email, you are giving your express consent to receive emails from Candlelighters**

**Note: Candlelighters often takes photos at our events and activities which may appear on social media platforms. If you have any questions, please contact us.**