



Membership Form 2019

Family Name: _____

Child's Name: _____

Birthdate: _____ Gender: _____

Diagnosis: _____ Date Diagnosed _____

On treatment _____ Off treatment _____ Bereaved _____

Parent's name: _____

Parent's name: _____

Siblings: _____ Gender: _____ Age: _____

_____ Gender: _____ Age: _____

_____ Gender: _____ Age: _____

Complete Mailing Address: _____

City: _____ Province: _____ Postal Code _____

Telephone (home): _____

Telephone (cell): _____

Email Address: _____

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.