



## Membership Form 2021

Child's Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

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

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

On Tx\_\_\_ Off Tx\_\_\_ End of Tx Date \_\_\_\_\_ Bereaved \_\_\_\_\_

Parent's name: (first then last) \_\_\_\_\_ Mother\_\_\_ Father\_\_\_

Cell phone \_\_\_\_\_ email \_\_\_\_\_

Parent's name: (first then last) \_\_\_\_\_ Mother\_\_\_ Father\_\_\_

Cell phone \_\_\_\_\_ email \_\_\_\_\_

Patient lives with: \_\_\_\_\_

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

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

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

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

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

**\*\*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 and videos at our events and activities which may appear on social media platforms or other promotional materials. If you have any questions, please contact us.**