



Little People of British Columbia

Society for Short Stature Awareness

Membership Application for 2016-2017

Date: _____ New: _____ Renewal: _____

Applicant:
 Applicant Surname: _____ First Name: _____ Initial: _____
 Age: _____ Date of Birth: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____
 Residence Phone: _____ Mobile Phone: _____
 E-Mail Address: _____
 Type of Short Stature: _____ Height: _____

Other Family Members: Parent(s), Spouse, Brother(s), Sister(s) etc.

	Family Member #1	Family Member #2	Family Member #3	Family Member #4
Name				
Relationship				
Short Statured				
Average Statured				
Date of Birth				

Membership Type: (Yearly memberships run from June 1 to May 31)

- Family: \$25.00 per year** (Short Stature adult or child & immediate family)
 Single Adult: \$20.00 per year (18 years of age or older)
 (Above memberships include quarterly newsletter subscriptions)

Note:
 All applications are reviewed for acceptability as per the membership requirements in our constitution. If rejected, your membership fee will be returned in full.

Donations: \$5 [] \$10 [] \$20 [] \$25 [] \$50 [] \$100 [] Other: _____
 Donations will be placed into the LPBC General Account to be used to better serve our members. All donations are appreciated and tax receipts will be issued.

Please mail form and cheque to:
 Little People of British Columbia
 PO BOX 409
 7101C-120th Street
 Delta, BC V4E 2A9
Make cheques payable to:
 Little People of British Columbia

Office Use Only:
 Cheque # _____ Amount _____
 Postings:

Membership Yr 16-17