



Richmond Centre for Disability

“Promoting a new perspective on disability”

RCD AFFILIATE FORM

For anyone who is interested to support and be involved with the RCD

Name: _____ Email: _____
First Name Last Name

Address: _____
House/Apt. No. Street City Province Postal Code

Telephone (H): _____ Cell: _____

Telephone (O): _____ Fax: _____

Date of Birth: _____ Male Female
dd/mm/yy

Fee Payment: \$10 (payable at the time of joining)

The RCD will waive the fee payment for people who experience financial hardship.
Check this box if you wish to have your fee waived.

You will be on the RCD mailing list to receive newsletters and centre information by mail or by email. If you provide an email address above, we will send via email.

If you don't want to be on the mailing list, please check this box.

You are a person with disabilities. Yes Disability Type (optional): _____

You are a family member of a person with disabilities. Yes

Name of person with disabilities (optional): _____

You want to join the RCD Chinese Support Group. Yes

Language: Cantonese Mandarin (You'll receive Chinese Support Group communication in Chinese)

You want to join the RCD Filipino Parents with Special Needs Children Group. Yes

You want to make a donation to the RCD. (A tax receipt will be issued for donation \$20 or above)

\$5 \$10 \$20 \$50 \$ _____

Signature: _____ Date: _____
dd/mm/yy

Your privacy is very important to us, and the information you provide us will be kept totally confidential and used ONLY for connecting with you. We protect your personal information and adhere to all legislative requirements with respect to privacy.

MORE INFORMATION FOR AFFILIATES

1. RCD Affiliates refer to anyone who is interested to be involved with the RCD in capacity other than participating in activities. If you are a person with disabilities and want to join RCD activities, please fill out a RCD Participant Form.
2. Family members of people with disabilities, parents who would like to join the RCD Chinese Support Group, as well as community members can all join the RCD under this category.
3. The first time registration fee is \$10, payable at the time of joining. There is a one-time fee.
4. RCD Affiliates are welcome to support RCD's work. Contact RCD to discuss your plan.

Please send completed Affiliate Form and fee to:

Richmond Centre for Disability
#968 - 5300 No. 3 Road (Lansdowne Centre)
Richmond, BC V6X 2X9

Tel: 604-232-2404
Fax: 604-232-2415
Email: rcd@rcdrichmond.org

OFFICE USE:

Fee: _____ Donation: _____ Payment Method: _____

Receipt Number: _____ Date of Receipt: _____
dd/mm/yy

Fee Waived Yes

Signed up by: _____

Chinese Support Group: Individual # _____ Family # _____

RCD Database Number: _____ RCD In-Take Number: _____

Category:

Voting Member Participant Affiliate Volunteer