

REGISTRATION FORM



To register with Muscular Dystrophy Canada you must have a confirmed diagnosis of a neuromuscular disorder under the Muscular Dystrophy Canada umbrella, be a Canadian citizen, landed immigrant, or refugee resident in Canada

APPLICANT INFORMATION: (TO BE COMPLETED BY APPLICANT/PARENT/GUARDIAN)

PLEASE PRINT

Salutation: Mr. Mrs. Ms Miss Other:

Preferred Language: English French Gender: Male Female

Applicant Name: Date of Birth:
First Initials Last Year Month Day

Parent/Guardian Name: Signature:
First Last If under the age of 18 a parent or guardian must sign here

Home Address:
Suite# / Street # / Street Name City Prov Postal Code

Mailing Address:
Suite# / Street # / Street Name City Prov Postal Code

Telephone: (.....) Telephone: (.....) Telephone: (.....)
Residence Business Cell

Email:

Status: Canadian citizen Landed immigrant Refugee resident

How did you hear about Muscular Dystrophy Canada?
 Neuromuscular Clinic Internet Caregiver
 Healthcare Practitioner Word of Mouth Family Member
 Other:

PLEASE COMPLETE, SIGN AND DATE THIS SECTION

Muscular Dystrophy Canada Chapters and Support Groups form a network of families and supporters in cities across Canada who work to achieve our common objectives at the local level. Would you like your name and contact information forwarded to the Muscular Dystrophy Canada Chapter or Support Group nearest you as part of your registration?

- YES, please forward my name to the local Muscular Dystrophy Chapter or Support Group
- NO, I do not want my name released to the Chapter or Support Group

Would you be interested in learning about volunteer opportunities available at Muscular Dystrophy Canada?

- YES, please contact me with more information about volunteer opportunities
- NO, please do not contact me with this information

SIGNATURE: Date:
Applicant / Parent / Guardian Year Month Day

Muscular Dystrophy Canada respects your privacy. The gathering of your personal information is to establish your identification, understand your requirements for services or specialized equipment and recommend specific services or devices to meet your needs.

- I would like to receive news and/or updates about Muscular Dystrophy Canada.

E-mail address

For more information about our privacy policy visit muscle.ca or contact our privacy officer at 1.866.567.2873.

ADDITIONAL CONTACT INFORMATION

1. Spouse/Partner Mother Father Legal Guardian Other

Name: Telephone: (.....)
Home

Address:
Suite# / Street # / Street Name City Prov Postal Code

Telephone: (.....)
Business or Cell (please specify)

2. Spouse/Partner Mother Father Legal Guardian Other

Name: Telephone: (.....)
Home

Address:
Suite# / Street # / Street Name City Prov Postal Code

MEDICAL INFORMATION: TO BE COMPLETED BY PHYSICIAN

Applicant may also submit a document stating diagnosis, signed and dated by a physician.

Diagnosis (Please Specify):
Please contact Muscular Dystrophy Canada for a list of disorders covered by our organization or visit us online at www.muscle.ca

Date of diagnosis: Location:
Year / Month / Day Hospital / Clinic Name City / Town

Neuromuscular Specialist: Telephone: (.....)
Please print name Neuromuscular Specialist

Neuromuscular Clinic Applicant is attending:

Mailing Address:
Suite# / Street # / Street Name City Prov Postal Code

Family Physician:
Please print name [medical office stamp acceptable]

Mailing Address: Telephone: (.....)
Suite# / Street # / Street Name / City / Prov / Postal Code Physician/Clinic

SIGNATURE: Date:
Specialist or family physician Year Month Day

MUSCULAR DYSTROPHY CANADA OFFICE USE ONLY:

Registration received by: Date: Information Package sent:
Year / Month / Day

Return the completed form to the appropriate Regional office, attention: Services

National
2345 Yonge Street
Suite 900
Toronto, ON M4P 2E5
T 1.866.687.2538
416.488.0030
F 416.488.7523

Western
1401 West Broadway
7th Floor
Vancouver, BC V6H 1H6
T 1.800.366.8166
604.732.8799
F 604.731.6127

Ontario
2345 Yonge Street
Suite 901
Toronto, ON M4P 2E5
T 1.866.687.2538
416.488.0030
F 416.488.0107

Quebec
1425 bou. René-Levesque Ouest
Bureau 506
Montreal, PQ H3G 1T7
T 1.800.567.2236
514.393.3523
F 514.393.8113

Atlantic Canada
170 Cromarty Drive
Suite 222
Dartmouth, NS B33 0G1
T 1.800.884.6322
902.429.6322
F 902.425.4226