

REGISTRATION FORM



1-866-687-2538
www.muscle.ca

Muscular Dystrophy Canada's mission is to enhance the lives of those affected with neuromuscular disorders by continually working to provide ongoing support and resources while relentlessly searching for a cure through well-funded research. Muscular Dystrophy Canada provides registered clients with a range of services, including support, information, education, advocacy and equipment.

To register, you must have a confirmed diagnosis of a neuromuscular disorder under the Muscular Dystrophy umbrella, signed by a physician or a health professional. You must be a Canadian citizen, landed immigrant, or refugee resident in Canada. Please visit our web site www.muscle.ca where you can find the comprehensive list of neuromuscular disorders covered under by our organization.

Muscular Dystrophy Canada respects your privacy and will keep your personal information confidential. The information on this form has been collected in order to help Muscular Dystrophy Canada provide services that meet your needs, and communicate with you about Muscular Dystrophy Canada's activities and programs. Upon registration, all new clients will receive a Welcome Package and will be contacted by a Muscular Dystrophy Canada services staff.

For more information about our privacy policy or Muscular Dystrophy Canada, please call 1 866-687-2538 or visit www.muscle.ca.

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

PLEASE PRINT

Preferred Language: English French

Salutation: Mr. Mrs. Ms Miss Other: Gender: Male Female

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

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

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

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

Email:
(mandatory if available)

Status: Canadian Citizen Landed Immigrant Refugee Resident Other

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

SIGNATURE: Date:
Applicant or Parent / Guardian (if application is under 18 years old) Year Month Day

Parent/Guardian Name:
First Last

ADDITIONAL CONTACT INFORMATION

1. Spouse/Partner Mother Father Legal Guardian Other _____ Address same as applicant
(please specify)

Name: _____ Telephone: (_____) _____
Home

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

Email: _____

2. Spouse/Partner Mother Father Legal Guardian Other _____ Address same as applicant

Name: _____ Telephone: (_____) _____
Home

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

Email: _____

MEDICAL INFORMATION: TO BE COMPLETED BY PHYSICIAN/HEALTH PROFESSIONAL

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

Applicant Name: _____

Diagnosis (Please Specify): _____
Please contact Muscular Dystrophy Canada for a list of neuromuscular 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

Doctor: _____ Telephone: (_____) _____
Please print name [medical office stamp acceptable]

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

SIGNATURE: _____ Date: _____
Health professional or doctor Year Month Day

MUSCULAR DYSTROPHY CANADA OFFICE USE ONLY:

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

Please send completed form to email or fax number below:

Updated: Feb 24, 2017

Western Canada

601 W. Broadway,
Suite 302
Vancouver, BC V5Z 4G2

T 1.800.366.8166

604.732.8799

F 604.731.6127

Ontario

150 Isabella St
Suite 301
Ottawa, ON K1S 1V7

T 1.866.337.3365

613.232.7334

F 613.567.2288

Quebec

1425 Rene-Levesque Blvd. West
Suite 506
Montreal, QC H3G 1T7

T 1.800.567.2236

514.393.3522

F 514.393.8113

Atlantic Canada

56 Avonlea Court
Suite 202
Fredericton, NB E3C 1N8

T 1.888.647.6322

506.450.6322

F 506.458.2205