



Vancouver Island Kidney Patients' Association
PO Box 5145, Postal Station "B"
Victoria BC V8R 6N4
Tel: (250) 595-3650
Email: info@vikpa.org

DEE SANGHA AWARD

APPLICATION FORM

Complete this application form in blue or black ink.
Complete all sections including N/A for sections which do not apply.
Send completed application and any additional documentation to
VIKPA Dee Sangha Award at the above address.

Completed application must be received by VIKPA on or before June 30.
LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.



A. APPLICANT INFORMATION

Name of Renal Patient _____

Address _____

City/Town _____ Postal Code _____

Phone (home) _____ work _____ Email _____

Renal Treatment (e.g. pre-dialysis, haemodialysis, transplant) _____

Are you currently a member of VIKPA? Yes No

Name of Nominator (if applicable) _____

Relationship to Renal Patient _____

Address _____

City/Town _____ Postal Code _____

Phone (home) _____ work _____ Email _____

