

# MEMBERSHIP APPLICATION FORM



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

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Receive newsletter by e-mail

Enclosed is \$5 for my annual membership.      \$ \_\_\_\_\_       New       Renewal

I would like to make a donation of      \$ \_\_\_\_\_

Total Enclosed      \$ \_\_\_\_\_

I would like to volunteer. Please contact me.

I am:  pre-dialysis       hemodialysis       peritoneal dialysis       transplant

family member       care worker       other \_\_\_\_\_

Print this form, fill out and mail back to VIKPA.