

MEMBERSHIP
APPLICATION
FORM



Vancouver Island Kidney Patients' Association

P.O. Box 5145, Postal Station "B"

Victoria, BC V8R 6N4

(250)-595-3650

contact@vikpa.org

Name _____

Address _____

City _____

Postal Code _____

Email _____

Phone Number _____

Receive newsletter by email

Today's Date _____

Enclosed is my \$10.00 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

Family Member Care Worker

Other _____

Print this form, fill out and mail back to VIKPA