



Canadian Hemophilia Society  
Manitoba Chapter

CHS-MC  
Suite 324, 120-1400 Ellice Ave  
Winnipeg, MB R3G 0J1  
204.775.8625  
[www.hemophiliamb.ca](http://www.hemophiliamb.ca)

## Member Registration Form

Canadian Hemophilia Society (CHS) & Canadian Hemophilia Society, Manitoba Chapter (CHS-MC)

**There is no fee to become a CHS or CHS-MC Member**

### Benefits of Membership in CHS & CHS-MC

- The right to access CHS-MC Member Services. The policy and reimbursement forms can be requested from the Chapter office or viewed on the Chapter website.
- The right to access CHS-MC education programs
- Subscription to CHS-MC *Chapter Update* e-newsletter
- Notification about and the right to attend all national and Chapter meeting of members
- Entitlement to vote on any vote taken by members

### The CHS and CHS-MC will use your information to:

- Build national and Chapter membership lists, as required by not-for-profit corporations' acts.
- Send you the National and Provincial newsletters.
- Send you notices of members' meetings, programs and services; and from time to time solicit members for their support.
- Adjudicate Member Service requests

**IMPORTANT:** Your information will not be used for any other purpose than those mentioned above and the CHS and the Manitoba Chapter will not share your name or contact information.

Members of CHS-MC are also members of the CHS, unless they choose not to be. Check this box if you do not want CHS-MC to provide your name and address to the CHS.

### Membership Categories

(Please check the one that applies to you/your family)

**Regular Member** People diagnosed with an inherited bleeding disorder, immediate family members and care givers (parents, children, siblings, grand-parents, spouse/partner of those diagnosed)

**Associate Member** Individuals desiring to support the above stated mission of the Chapter, and whose names appear on the membership list thirty (30) days prior to the Annual General Meeting.

**Health Care Provider Member** Health care providers treating people with inherited bleeding disorders.

**Honorary member** Individuals who have made an outstanding achievement towards furthering the mission of the organization.



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**CHS-MC respects your privacy.** We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell, or trade our mailing lists. The information you provide will only be used to deliver services and to keep you up-to-date on Chapter activities (by mail, email, or phone) including programs, services, special events, funding needs, opportunities to volunteer, or to give. Your information will be used for these purposes only. If at any time you wish to be removed from our listing, simply contact us by phone or email and we will gladly accommodate your request.

\*\*Because some of our services are specific to certain bleeding disorders, please complete the following to help us serve you better.

### **Family Information for Mailings**

(To be completed by an adult(s) to whom mailings should be addressed)

**Name for Mailings:**

Address:

City, Province & Postal Code:

Contact by Phone:

Email Address:

Date:

Signature:

(By typing your name, you are signing this document)

### **You and Your Family Members**

**Your Name:**

Gender

Male

Female

Prefer Not to Disclose

Type of Bleeding Disorder & Severity:

(If applicable) E.g. Von Willebrand Disease Type 1

Date of Birth:



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**Family Member 2 Name:**

Gender

Male                  Female                  Prefer Not to Disclose

Type of Bleeding Disorder & Severity:

(If applicable) E.g. Carrier Hemophilia A Mild

Date of Birth:

**Family Member 3 Name:**

Gender

Male                  Female                  Prefer Not to Disclose

Type of Bleeding Disorder & Severity:

(If applicable) E.g. Hemophilia B Moderate

Date of Birth:

**Family Member 4 Name:**

Gender

Male                  Female                  Prefer Not to Disclose

Type of Bleeding Disorder & Severity:

(If applicable) E.g. Afibrinogenemia

Date of Birth:

**Family Member 5 Name:**

Gender

Male                  Female                  Prefer Not to Disclose

Type of Bleeding Disorder & Severity:

(If applicable) E.g. None

Date of Birth:



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**Family Member 6 Name:**

Gender

Male

Female

Prefer Not to Disclose

Type of Bleeding Disorder & Severity:

(If applicable) E.g. Factor V Deficiency

Date of Birth:

**Family Member 7 Name:**

Gender

Male

Female

Prefer Not to Disclose

Type of Bleeding Disorder & Severity:

(If applicable) E.g. Glanzmann's thrombasthenia

Date of Birth:

**Family Member 8 Name:**

Gender

Male

Female

Prefer Not to Disclose

Type of Bleeding Disorder & Severity:

(If applicable) E.g. Hemophilia A Severe

Date of Birth: