



British Columbia Psychogeriatric Association Membership Application & Renewal Form

www.bcpga.bc.ca

Please check one: New Member Renewing Member

Date: _____

1. How can we contact you?

First Name:	Last Name:		
Mailing Address:			
E-mail Address:			Home Phone: () ()
Work Phone: () ()	Local/Extension:	Fax: () ()	

2. On what committee(s) would you be willing to serve?

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Research	<input type="checkbox"/> Conference	<input type="checkbox"/> Communication
<input type="checkbox"/> Membership	<input type="checkbox"/> Finance	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Student

3. What topic(s) would you like to see addressed?

In the Newsletter:	At the Annual Conference:
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4. What is your occupational status? (check ONE only)

<input type="checkbox"/> I am employed in the field.	<input type="checkbox"/> I am a student. School: _____ Program: _____
<input type="checkbox"/> I am retired from the field.	<input type="checkbox"/> Other. My involvement is: _____

If you responded "student", "retired" or "other", complete boxes 9 & 10. If you are "employed", complete all of the boxes.

5. What is your profession? (check ONE only)

<input type="checkbox"/> General Practitioner	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Nurse	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Paraprofessional (Care Aide, MH Worker, Rehab., etc.)		
<input type="checkbox"/> Other (specify): _____		

6. What is the name of your primary employer/company, and/or program (e.g., VGH-GPOT, Creston Mental Health Centre):

NOTE: If you have more than one position, please select one.

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7. What type of service is this? (check ONE only)

<input type="checkbox"/> Private Practice	<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Day Centre	<input type="checkbox"/> LTC Facility
<input type="checkbox"/> Inpatient Unit	<input type="checkbox"/> Educational Institution
<input type="checkbox"/> Government (Administrative, Legislative)	
<input type="checkbox"/> Other (specify): _____	

8. What is your primary role in this service? (check ONE only)

<input type="checkbox"/> Clinical	<input type="checkbox"/> Administrative
<input type="checkbox"/> Educational	<input type="checkbox"/> Research
<input type="checkbox"/> Other (specify): _____	
Do you have a secondary role or academic appointment?	
<input type="checkbox"/> Yes (specify): _____	

9. BC Pages - the official newsletter of the BCPGA

BC Pages will now be distributed via email. if you are also interested in receiving BC Pages by mail, please check here : <input type="checkbox"/>
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10. Payment

The BCPGA 2010-2011 membership fee is \$45 or \$20 for students, and is valid until March 31, 2011

<input type="checkbox"/> Cheque (payable to "BCPGA")
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card Number: _____
Card Expiry Date (MM/YY): _____
Signature: _____
Name as it appears on card: _____

Please mail this form (with your cheque if applicable) to:

British Columbia Psychogeriatric Association
P.O. Box # 47028, 1030 Denman Street
Vancouver, BC V6G 3E1

A receipt will be sent to your mailing address.

For membership information, please contact bcpga@yahoo.ca