



# BRITISH COLUMBIA PSYCHOGERIATRIC ASSOCIATION

## Membership Application & Renewal Form

WWW.BCPGA.BC.CA

Date: \_\_\_\_\_

Please check one:  New  Renewing from 2010-2011  Returning

Member #: \_\_\_\_\_

### 1. How can we contact you?

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

### 2. On which working group(s) would you be willing to serve?

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Communications	<input type="checkbox"/> Conference	<input type="checkbox"/> Finance
<input type="checkbox"/> Governance	<input type="checkbox"/> Membership	<input type="checkbox"/> Partnerships	<input type="checkbox"/> Practice Support
<input type="checkbox"/> Research	<input type="checkbox"/> Students	<input type="checkbox"/> None at this time	

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

In the Newsletter:	At the Annual Conference:

### 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"/> Care Aide	<input type="checkbox"/> Counsellor	<input type="checkbox"/> General Practitioner	<input type="checkbox"/> Geriatrician	<input type="checkbox"/> Gerontologist
<input type="checkbox"/> Lawyer	<input type="checkbox"/> Nurse / Nurse Practitioner	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Recreation / Activation	<input type="checkbox"/> Social Worker	<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 is distributed via email. If you are also interested in receiving BC Pages by mail, please check here:

### 10. Payment

The BCPGA 2011-2012 membership fee is  \$45 or  \$20 for students, and is valid until March 31, 2012

<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, fax or email this form (with your cheque if applicable) to:

**British Columbia Psychogeriatric Association**

**P.O. Box # 47028, 1030 Denman Street**

**Vancouver, BC V6G 3E1**

**Fax: 1-888-835-2451 bcpga@yahoo.ca**

A receipt will be sent to your mailing address.

<b>For Office Use Only</b> Year: _____ Conf.: Y <input type="checkbox"/> N <input type="checkbox"/> Cheque # / IATS Code: _____ Invoice #: _____ Date: _____	<b>2011-2012</b>
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