



British Columbia Psychogeriatric Association Membership Application & Renewal Form

www.bcpga.bc.ca

Please check one: New Member Renewing 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 what committee(s) would you be willing to serve?

- Advocacy Research Conference Communication
 Membership Finance Newsletter 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)

- I am employed in the field. I am a student. School: _____ Program: _____
 I am retired from the field. 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)

- General Practitioner Psychiatrist Psychologist
 Nurse Social Worker Occupational Therapist
 Paraprofessional (Care Aide, MH Worker, Rehab., etc.) 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)

- Private Practice Community Outreach
 Day Centre LTC Facility
 Inpatient Unit Educational Institution
 Government (Administrative, Legislative)
 Other (specify): _____

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

- Clinical Administrative
 Educational Research
 Other (specify): _____
 Do you have a secondary role or academic appointment?
 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](#):

10. Payment

The BCPGA 2009-2010 membership fee is \$40 or \$20 for students, and is valid until March 31, 2010

- Cheque (payable to "BCPGA")
 Credit Card: Visa Mastercard
 Card Number: _____
 Card Expiry Date: _____
 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