

Candlelighters Simcoe
Membership Form

REFERRED BY:		DATE OF REFERRAL:	
FAMILY NAME:			
NAME OF CHILD WITH CANCER:			
DATE OF BIRTH:	DAY:	MONTH:	YEAR:
			GENDER:
DIAGNOSIS:			ON TREATMENT:
DATE OF DIAGNOSIS:			OFF TREATMENT:
NAME OF SCHOOL CURRENTLY ATTENDED:			
MOTHER'S NAME:			
FATHER'S NAME:			
NAMES OF SIBLINGS:	GENDER:	DATE OF BIRTH:	SCHOOL:
COMPLETE MAILING ADDRESS:			
CITY:		PROVINCE:	POSTAL CODE:
TELEPHONE (HOME):		TELEPHONE (CELL):	
EMAIL ADDRESS:			
<p>I give permission for Candlelighters Simcoe to use photos of my child/family that have been taken at Candlelighters events, for display (only) at workshops, fundraising events, newsletters and future website to be developed by Candlelighters Simcoe.</p>			
SIGNATURE:		DATE:	