



# BRITISH COLUMBIA PSYCHOGERIATRIC ASSOCIATION

[WWW.BCPGA.COM](http://WWW.BCPGA.COM)

## 2016-2017 Membership Application & Renewal Form

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

Please check one:  New  Renewing from 2015-2016  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?

- Advocacy     Communications     Conference     Finance  
 Membership & Partners     Nominations & Governance     Practice Support  
 Research     Students     None at this time

### 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)

- 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)

- Care Aide     Counsellor     General Practitioner     Geriatrician     Gerontologist  
 Lawyer     Nurse / Nurse Practitioner     Occupational Therapist     Pharmacist     Physiotherapist  
 Psychiatrist     Psychologist     Recreation / Activation     Social Worker     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.

\_\_\_\_\_

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

- Acute Care     Community Outreach     Day Centre  
 Educational Institution     Government (Administrative, Legislative)  
 Inpatient Unit     Not-For-Profit Organization  
 Palliative Care     Private Practice     Residential Care  
 Other (specify): \_\_\_\_\_

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

- Administrative     Clinical  
 Educational     Research  
 Other (specify): \_\_\_\_\_  
 Do you have a secondary role or academic appointment?  
 Yes (specify): \_\_\_\_\_

### 9. Payment

The BCPGA 2016-2017 membership fee is  \$45 or  \$20 for students, and is valid until March 31, 2017

- Cheque, payable to "BCPGA" (in CAD funds)  
 Credit Card:     Visa     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 [info@bcpga.com](mailto:info@bcpga.com)  
 A receipt will be issued upon request.

BCPGA respects your personal privacy. Your personal information is collected for the sole use of BCPGA, and is not lent or sold for any purposes.

<b>For Office Use Only</b> Year: _____ Conf.: Y <input type="checkbox"/> N <input type="checkbox"/> Cheque # / IATS Code: _____ Invoice #: _____ Date: _____	<b>2016-2017</b>
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