GROUPE DES AIDANTS DU SUD-OUEST

Regular Membership Application 2019-2020
10$ (valid from september 1st to august 31st)

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ DATE OF BIRTH: _____

PHONE: _____ MOBILE: _____

E-MAIL: _____ LANGUAGE: _____

I am

☐ **Caregiver** (I offer support to a loved one) ☐ **Ex-caregiver** (my loved one passed away)

Referred by: ☐ CLSC ☐ Publicity ☐ Community group ☐ Other: _____

About the person that I'm helping

☐ Father ☐ Mother ☐ Spouse ☐ Other: _____

☐ Alzheimer's ☐ Stroke ☐ Cancer ☐ Reduced mobility ☐ Mental health

☐ Loss of autonomy ☐ Diabetes ☐ Dementia ☐ Other: _____

The person resides with me? ☐ Yes ☐ No

My occupation / employment status

☐ Full time ☐ Part time ☐ Retired ☐ Unemployed

Hours of support to the person cared for

☐ 1-4 hrs ☐ 5-9 hrs ☐ 10-19 hrs ☐ 20 hrs and more

I would like to receive the Info-Aidants newsletter: ☐ Yes ☐ No

I would like to receive a reminder for the following workshops:

☐ Health workshop ☐ Support group – English ☐ Relaxation

☐ Conference ☐ Support group – French ☐ Music & well-being

For the territories of :

☐ LaSalle ☐ Lachine ☐ Dorval ☐ Verdun ☐ South West

Signature: _____ Date: _____

Membre no: _____ ☐ New payment ☐ Renewal

GROUPE DES AIDANTS DU SUD-OUEST

The membership fee is $ 10.

You may come to our office to complete your membership application or send us the form and $ 10 by mail to:

Groupe des Aidants du Sud-Ouest

405-7475, Newman boul.

LaSalle, Qc, H8N 1X3