

## **Little People of British Columbia**

Society for Short Stature Awareness

## **Membership Application & Renewal Form**

	Date:	New	v membership:l	Renewal:
Applicant inform	ation			
Applicant Last nar	ame: First Name:			
Age:	Date of birth:			
Address:	City:			
Province:	_ Postal code:		-	
Primary Phone Nu	mber:		_	
E-Mail address:				
Type of Short Stature:			_ Height:	
Other family membe	ers: Parent(s), Spouse, Family member #1	Brother(s), Sister(s) et Family member #2	cc. Family member #3	Family member #4
Name	Tanning manager		Taning member we	
Relationship				
Short Statured				
Average Statured				
Date of Birth				
[ ] Family: \$25.00 p [ ] Single adult: \$20 Note: All application	er year (Short stature <b>).00 per year</b> (18 year	eptability as per the me	nediate family member	rs) ts in our constitution. If
	ed into the LPBC General	[ ] <b>\$50</b> [ ] <b>\$100</b> [ ] <b>O</b> Account to be used to b		. All donations are greatly
You can pay you	r membership via c	heque/mail <u>or</u> emai	il/e-transfer:	

Mail this form and a cheque to:

Little People of BC PO Box 409 7101C - 120 Street Delta, BC V4E 2A9 Email this form to:

littlepeopleofbc@gmail.com and send an Interac e-transfer via your online banking to: lpbcsocietytreasurer@gmail.com