



Adult Survivors of Childhood Cancer

Rebounders Canada is a registered Canadian charity that offers support and social opportunities to adults who are living with the long term effects of childhood cancer.

REBOUNDERS CANADA MEMBERSHIP FORM

Name: _____
First Name Last Name

Address: _____
Street Apartment/Unit#

City _____ Province _____ Postal Code _____

Home Phone: _____ Cell: _____

E-Mail Address: _____

Birth date: _____ (optional)

Your Diagnosis: _____ (optional) Year: _____ (optional)

Daily Challenges Faced: _____
_____ (optional)

Caregiver's Contact Information: Name: _____ (optional)

Relationship: _____ Phone: _____

I give permission to have the above information included in Rebounders Membership Directories.

Yes: _____ No: _____ Signature: _____ Date: _____

I give permission for photos of myself to be included for purposes of Rebounders promotion and communications, including, but not limited to newsletters, website, brochures, videos and the Rebounders Facebook page.

Yes: _____ No: _____ Signature: _____ Date: _____

I consent to receive information from Rebounders by email.

Yes: _____ No: _____ Signature: _____ Date: _____

The Rebounders Membership Form must be filled out and signed if you would like to have your contact information included in the Rebounders' Membership Directory.