



# Member Registration Form

You can join your organization in its commitment to save lives. To donate with the *Partners for Life* program, please complete the following registration form and hand it to your group's Program Champion. If you are not eligible to donate, you can recruit a friend or family member to donate on your behalf.

_____	
* PARTNER ID#	
_____	_____
* FIRST NAME	* LAST NAME
( )	
_____	_____
* HOME TELEPHONE NUMBER	* POSTAL CODE
_____	_____
* E-MAIL ADDRESS	* DATE OF BIRTH (YYYY/MM/DD)

(\*) indicates required field

Are you an Employee or Member of this Organization?  Yes  No

If no, please provide the name of the employee/organization member on behalf of who you will be donating.

\_\_\_\_\_

FIRST NAME SURNAME

Have you donated blood before?  Yes  No

If 'Yes', please provide your Blood Donor Card Number: \_\_\_\_\_

Usual Donation Type:  Blood  Plasma  Platelets

Unless you advise us otherwise, your name and email address will be shared with the organization you are registering on behalf of. This will enable the organization to provide you with program updates and information regarding opportunities to donate and to track membership in the program.

Please do not share my name and email address with the organization that I am registering on behalf of.  Please do not send me information about other Canadian Blood Services programs and initiatives.

\_\_\_\_\_

SIGNATURE DATE OF REGISTRATION

20070329/8400

If you have questions regarding whether or not you are eligible to donate, please contact Canadian Blood Services at 1 888 2 DONATE (1-888-236-6283).

Thank you for providing the information requested above. This information will allow Canadian Blood Services to track the number of individuals within our organization participating in the *Partners for Life* program and give us feedback on how close we are to reaching our lifesaving goal for this year.



Share your vitality

