



## **MEMBERSHIP APPLICATION**

Membership is free; donations are gratefully accepted.

The mission of the GIST Sarcoma Life Raft Group, Canada is to ensure the survival of Canadian GIST patients and to assist patients and their caregivers in maximizing the quality of their lives.

The objectives of GIST Sarcoma Life Raft Group, Canada are:

- To increase awareness of GIST among the general public and among health care professional.
- To provide workshops and seminars related to GIST and its treatment.
- To advocate for access to medical treatment for GIST patients across Canada.
- To establish support groups for those in Canada who are affected by GIST.
- To support, within Canada, activities of research, scholarship, publication and education related to GIST.

### **Please Print**

Title \_\_\_\_\_ Last Name \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Male  Female Email Address (if available) \_\_\_\_\_

Postal Address \_\_\_\_\_ City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

### **Please check all that apply:**

I am a GIST patient

I am a caregiver, relative, friend of a GIST patient (name of patient) \_\_\_\_\_

My relationship to the patient is: \_\_\_\_\_

I have a skill or qualification that I may be able to contribute, e.g. fundraising, computer IT, accountant, lawyer, Physician, etc.

Please specify \_\_\_\_\_

I agree to uphold the Mission and Objectives of GIST Sarcoma Life Raft Group, Canada.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send completed Membership Application form to the Membership Chair at:

Postal Address: Silvia Steinhilber, Box 41, Grp 360, RR3, Winnipeg, Manitoba, R3C 2E7

or FAX it to: **905-771-7411** or email a signed, scanned copy to: **nswplas@mts.net**

**To be completed by Membership Chair**

Presented to Board of Directors on (date) \_\_\_\_\_