



MEMBERSHIP APPLICATION FORM

**Mandatory*

New Membership Renewal

**Please note: the length of memberships are 1 year, with the option to renew.*

MEMBERSHIP TYPE*

Student Non-Student

Student: *Currently enrolled in a post-secondary education program at a recognized Canadian College or University. Members will be required to provide the Corporation with proof of enrollment on an annual basis in order to qualify for this classification.*

APPLICANT INFORMATION

Name (Surname, First Name)*: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone Number (home)*: _____

Telephone Number (cell)*: _____

Email*: _____

Date of birth (dd/mmm/yyyy)*: _____

Note: *Individuals aged 18-35 years are eligible to apply; those aged 36-40 years will be considered by review on case-by-case basis*

Gender: _____

Emergency Contact details*

Contact name (surname, first name): _____

Emergency contact phone number (home): _____

Emergency contact phone number (cell): _____

Relationship: _____

Medical History*

Brain injury survivor? Yes

**Brain Injury: encompasses traumatic or acquired brain injury [including stroke]*

Specific medical diagnosis: _____

SHORT AND LONG TERM GOALS

Please tell us a bit about your short term (1-6 months) and long term (1-10 years) goals and how you hope to accomplish them*

**We are hoping to see how your personal journey and plans for return to study/work/new normal align with our vision & mission statement. Life After Stroke’s mission statement can be found here.*

Max 500 words.

INTERESTS

Please select personal or professional interests / type of information you're interested in:

- Support group
- Physical therapy
- Mental health
- Scholarship opportunities
- Career guidance
- Other (please specify) : _____

Where did you hear about us?

- Website
- Instagram
- Facebook
- Word of mouth
- Other (please specify) : _____

Signature
(e-signatures are accepted)

Date

Please send this form to: boardofdirectors@lifeafterstroke.life

Thank you so much for your interest in Life After Stroke. Applications will be reviewed by the board and you will be contacted within 10 business days.

If you require any further information or clarification regarding this application, please contact:

Gina Srighanthan
Secretary
boardofdirectors@lifeafterstroke.life
(647) 525-7404