



Member Registration Form

You can join your organization in its commitment to save lives. To donate blood with the *Partners for Life* program, please fill out the following registration form and hand it in 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.

MASONS - HAMILTON DISTRICT B - MASO001449

NAME OF COMPANY/ORGANIZATION

FIRST NAME

INITIAL

SURNAME

BUSINESS TELEPHONE NUMBER

HOME TELEPHONE NUMBER

E-MAIL ADDRESS

Are you a new donor? Yes No

If yes, please provide your date of birth: ____/____/____
YYYY/MM/DD

If no, please specify whether you are a:

Blood Donor

Plasma Donor

Platelet Donor

Donor Card Number: _____

SIGNATURE

DATE OF REGISTRATION

If you are a friend or family member donating on behalf of a company employee/organization member, please provide the name of employee/organization member:

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.

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Partners for Life

Your organization has the power to save lives.



CANADIAN BLOOD SERVICES
SOCIÉTÉ CANADIENNE DU SANG
Blood. It's in you to give.