



BC PEOPLE FIRST SOCIETY

MEMBERSHIP ENROLLMENT APPLICATION FORM

BC People First Society (BCPF) is a provincial organization run by self-advocates, for self-advocates. Membership is open to people in British Columbia who identify as having an intellectual, developmental, learning, or cognitive disability.

BCPF Members come together to learn self-advocacy skills, support each other, speak up for their rights, and make their communities more inclusive. Our mission is to stand up for the rights, wants, and needs of BCPF Members and to share self-advocacy skills. We also work to challenge ableism and the unfair treatment, discrimination, or barriers faced by people with disabilities.

BCPF Members work together to make positive changes across British Columbia. We speak up about issues that matter to us, including:

- Affordable and accessible housing
- Accessibility and inclusion
- The right to have relationships and make our own choices
- Meaningful employment
- Human rights and equal treatment

We work on these issues through workshops, letter-writing campaigns, community events, and advocacy projects. We believe in “Nothing about us without us.”

This means people with disabilities must have a say in decisions that affect their lives.

Membership is free. The BCPF Board of Directors reviews and approves membership applications. Only BCPF Members can serve on the Board of Directors. Members have opportunities to learn, share ideas, support each other, and speak up about issues that matter to them. BCPF is an independent society led by self-advocates. We ask everyone to do their best to follow the BCPF Society Member & Supporter Handbook.

We respect your privacy and take care to protect your personal information. We collect the information on this form for membership and society-related purposes, following privacy laws and the BC Societies Act.

Thank you for enrolling as a BCPF Member! Please fill out all the information and submit this completed form to BCPF Society at 227 Sixth St. New Westminster, BC V3L 3A5

Your voice matters. Your rights matter. You matter.

FIRST NAME: _____

PRONOUNS (IF YOU WANT TO
SHARE) ex: she/her/he/him/they:

LAST NAME: _____

EMAIL: _____

STREET ADDRESS: _____ **APT#** _____

CITY: _____ **PROVINCE:** British Columbia **POSTAL CODE:** _____

PHONE #: _____ **BIRTHDATE** (DAY/MONTH/YEAR): _____

Giving your birthdate is optional but we do need to know: Junior or Individual

Type of member: ☐ INDIVIDUAL MEMBER (18+ years)
(please check one) ☐ JUNIOR MEMBER (**Youth 13-17 years)
(**guardian consent needed below)

***How many years do you want to sign up as a BCPF Member?**

(please check one – you can renew or cancel membership whenever you want):

☐ 1 year ☐ 2 years ☐ 5 years ☐ 10 years

Giving an emergency contact is optional, but can help at events in an emergency:

EMERGENCY CONTACT NAME: _____ **PHONE #:** _____

Please check or initial all of these boxes to let us know you agree to the following information:

- ☐ I am a person who identifies as having a disability
- ☐ I have reviewed the BCPF Member & Supporter Handbook
- ☐ I agree to receive BCPF communications, information, and newsletters

Please date and sign your membership enrollment agreement:

Member Signature: _____ **Date:** _____

****Member & Guardian Consent Signature (only for Junior Members aged 13-17)**