

## Payment Methods

Annual membership dues can be paid by cash, cheque, or e-transfer. (Please do not send cash in the mail!)

For e-transfers (via on-line banking), please send the transfer information to **GabriolaAmbulanceSociety@shaw.ca**. Please send a second e-mail containing the password.

Both new memberships and membership renewals require a completed membership form. Memberships cannot be completed without the form. This information can be sent by mail or email. Forms are available at the post office, pharmacy, and both doctors' offices.

All applications will be confirmed with a receipt by e-mail, or by mail if no email provided with the registration form.

### Additional Community Benefits

The following philanthropic efforts are funded thanks to a generous bequest and donations, not from membership fees:

- The society offers a \$2,000 scholarship annually to a School District 68 student entering the medical field;
- Support of local doctors, emergency services and the hospital by donating funds and equipment;
- The society also offers a 50% subsidy towards registration fees for people attending first aid courses on Gabriola Island.

### Annual Fees

The annual base membership fee is \$40 for family members including up to two adults and children under nineteen (19), living in the same household as permanent residents, and are listed on the membership application. Additional family members who are nineteen (19) or older may be included on the same membership application and subject to an additional \$5/year fee. Renewals are payable by Jan. 2<sup>nd</sup> each year. New members are welcome to join anytime during the year (the fee remains constant for the year).

Current By-Laws can be found on our website.

### Contact Us

Gabriola Ambulance Society  
PO Box 162, Gabriola Island, BC V0R 1X0  
Equipment Loans: 250-247-0052  
Admin/Membership: 250-247-0226  
GabriolaAmbulanceSociety@shaw.ca

[www.GabriolaAmbulanceSociety.org](http://www.GabriolaAmbulanceSociety.org)

**NEW Phone Number for  
Equipment Loans: 250-247-0052**

# Gabriola Ambulance Society

Supporting our community  
with ambulatory and  
medical equipment needs  
since 1969.



The Gabriola Ambulance Society is a Not-for-Profit organization that assists its members on Gabriola and Mudge Islands with ambulatory and medical needs. For more information, see our website: [www.GabriolaAmbulanceSociety.org](http://www.GabriolaAmbulanceSociety.org)

## Benefits

Members are entitled to:

**MEDICAL EQUIPMENT** can be borrowed for a short-term loan (up to three months), e.g. wheel chairs, crutches, walkers, canes, raised toilet seats, etc. Please telephone **250-325-9008** to arrange for equipment loans during the hours of 9 to 5, Tuesday to Thursday, unless it is an emergency. Please note that we do not deliver equipment.

Have **AMBULANCE USER FEES PAID** for service provided between Gabriola Island and the Nanaimo Regional General Hospital or service provided on Gabriola Island or Mudge Island, up to the amount of the user fee for emergency ambulance service payable by a BC CARE Card holding resident.

The BC Ambulance Service invoice must be forwarded to the Gabriola Ambulance Society within ninety (90) days of the service to be eligible for payment by the Society.

**HOME ASSISTANCE:** Members can apply for reimbursement of up to 20 hours each calendar year for short-term home assistance to a maximum of \$400.

Eligibility:

- Membership fees must have been paid in full a minimum of two weeks prior to the need for service; and
- Application must be made within ninety (90) days of requiring the home assistance.

Requirements:

A letter from a licensed physician confirming home assistance is required; and  
Submit detailed receipts outlining services received and including time and rate charged.

Long-term disability recipients may be granted this benefit once only within the first six months of being designated as needing long-term care, with the required documentation as above.

Mail to: PO Box 162, Gabriola BC V0R 1X0

## Application Form

*... membership expires December 31 ...*

Please Print	Amount:
Primary Member:	
_____	\$40.00
Partner (state relationship):	
_____	
Children under 19 (state relationship):	
_____	
_____	
_____	

Other family members over 19 (State Relationship to primary member):

_____	\$5.00
_____	\$5.00
_____	\$5.00

**Total** \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_

e-Mail: \_\_\_\_\_

Date: \_\_\_\_\_

Web  New Member  Renewal