



CANADIAN FARMERS WITH DISABILITIES REGISTRY REGISTRATION FORM



Mission: *To serve as a national organization that will organize, educate, and encourage people in every province and territory to promote farm safety and support families affected by severe accidents or illness.*

Member: *A farmer who has had a debilitating accident/illness and their immediate family (parent, spouse or child).*

Associate Member: *Individual with personal or professional interests in farm safety and supporting farmers and their families affected by severe accidents or illness.*

To register: Please take a moment to fill out the questions below, to help us better understand when and where accidents do occur. **Registration is on the person with the disability/illness.**

(No Registration and/or Membership fee)

Are you: - a farmer involved in an accident or with a permanent disability/illness? _____ *

- a person, farmhand etc. hurt on the farm? _____ *

Or are you: - a person with an interest in farm safety, and why? _____ **

* - member ** -associate member

Type of accident (machinery, animal etc.): _____

Type of illness: _____

Type of permanent disability: _____

Time of year/day accident occurred: _____

Age when accident/illness occurred: _____

Did accident occur on the farm? _____ off the farm? _____

Are you farming now? _____

Name _____ Province _____ Phone _____

Address _____ Postal Code _____ Fax _____

Town/Community _____ E-Mail _____

The Registry is a confidential list of farmers, family members and farm workers with any type of permanent injury, illness and/or disability.

Please forward form to:

Canadian Farmers with Disabilities Registry

c/o Janny Arendz

3312 Hopedale Road. Hartsville, PEI

Ph: (902) 621-0349

E-mail: j_arendz@pei.sympatico.ca

or you can send the form to your Provincial "Farmers with Disability" Organization