

2017 Membership Form

404-1525 Carling Avenue, Ottawa, Ontario, K1Z 8R9 ☎ 613.725.3769 📠 613.725.9826 📧 membership@cpha.ca 🌐 www.cpha.ca

Status: New Member Renewal
Language of Correspondence: English Français
Gender: Male Female
Title: Ms. Mr. Dr.

GIVEN NAME _____

SURNAME _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ COUNTRY _____

EMPLOYER/SCHOOL _____

JOB TITLE _____

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TELEPHONE _____ FAX _____

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CELL PHONE _____

E-MAIL _____

Charitable Donation

I would like to support the activities of the Canadian Public Health Association by making a **charitable donation** in the amount of \$_____.

Charitable registration #0440990-11-10. An official tax receipt will be issued for donations of \$10 or more.

Payment

Enclosed is my cheque or money order payable to the **Canadian Public Health Association** in the amount of \$_____.

Charge my account VISA MasterCard (CDN \$)

CARDHOLDER NAME _____

SIGNATURE _____

ACCOUNT NUMBER _____

EXPIRATION DATE _____

Please select one Category of Membership

Membership in the Canadian Public Health Association includes a subscription to the *Canadian Journal of Public Health* and *CPHA Health Digest*. All memberships are in effect for 12 months from the month of application.

Conjoint Membership

Conjoint membership in the Canadian Public Health Association and the Alberta Public Health Association.

Regular **\$250**
 Student **\$90**
 Retired **\$97**

Direct CPHA Membership

Membership in the Canadian Public Health Association only.

Regular **\$250**
 Student **\$88**
 Retired **\$100**

Direct APHA Membership*

Membership in the Alberta Public Health Association only.

Regular **\$50**
 Student **\$22**
 Retired **\$22**

* Membership fees for this category must be made payable to APHA by cheque or money order ONLY (no credit cards) and sent to:
 Alberta Public Health Association, c/o ACICR, 4075 RTF, 8308-114 Street, Edmonton, AB T6G 2E1

New Members Only

Username: _____

Password: _____

We recommend that you keep this information in a secure place for future use.

Please return your application form to the

Canadian Public Health Association
 404-1525 Carling Avenue, Ottawa, Ontario K1Z 8R9
 Fax: 613-725-9826