

New Brunswick/Prince Edward Island Branch, CPHA

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 _____

() ()

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 New Brunswick/Prince Edward Island Public Health Association.

- | | |
|----------------------------------|--------------|
| <input type="checkbox"/> Regular | \$225 |
| <input type="checkbox"/> Student | \$75 |
| <input type="checkbox"/> Retired | \$82 |

Direct CPHA Membership

Membership in the Canadian Public Health Association only.

- | | |
|----------------------------------|--------------|
| <input type="checkbox"/> Regular | \$250 |
| <input type="checkbox"/> Student | \$88 |
| <input type="checkbox"/> Retired | \$100 |

Direct NB/PEI Membership*

Membership in the New Brunswick/Prince Edward Island Branch only.

- | | |
|----------------------------------|-------------|
| <input type="checkbox"/> Regular | \$25 |
| <input type="checkbox"/> Student | \$20 |
| <input type="checkbox"/> Retired | \$20 |

* Membership fees for this category must be made payable and sent to:
CPHA NB PEI Branch
P.O. Box 30074 Prospect Plaza
Fredericton, NB
E3B 0H8

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