



# 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 \_\_\_\_\_

( )

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 Northwest Territories/Nunavut Branch.

<input type="checkbox"/> Regular	<b>\$220</b>
<input type="checkbox"/> Student	<b>\$73</b>
<input type="checkbox"/> Retired	<b>\$80</b>

### For more information, please write:

Northwest Territories and Nunavut Public Health Association  
P.O. Box 1709 Stn Main, Yellowknife, NT, X1A 2P3  
E-mail: [ntnupha@ssimicro.com](mailto:ntnupha@ssimicro.com)

## 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