

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 Ontario Public Health Association.

- Regular** **\$300**
- Reduced Membership Fee for Members of Constituent Societies of OPHA** **\$280**

Please specify the constituent society to which you belong:

- ANDSOOHA
 AOHC
 ASPHI-O – CIPHI-O
 RNAO-CHNIG
 HPO
 OAPHD

- Student** **\$130**
- Retired/Low Income** **\$150**

Direct CPHA Membership

Membership in the Canadian Public Health Association only.

- Regular** **\$250**
- Student** **\$88**
- Retired/Low Income** **\$100**

Direct OPHA Membership*

Membership in the Ontario Public Health Association only.

- Regular** **\$155**
- Reduced Membership Fee for Members of Constituent Societies of OPHA** **\$115**

- ANDSOOHA
 AOHC
 ASPHI-O – CIPHI-O
 RNAO-CHNIG
 HPO
 OAPHD

- Student** **\$85**
- Retired/Low Income** **\$95**

* Membership fees for this category must be made payable and sent to: OPHA, 502-44 Victoria Street, Toronto, ON M5C 1Y2

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
 404-1565 Carling Avenue, Ottawa, Ontario K1Z 8R9
 Fax: 613-725-9826