



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 Public Health Association of British Columbia.

- Regular** **\$250**
- Student** **\$98**
- Retired** **\$105**

Direct CPHA Membership

Membership in the Canadian Public Health Association only.

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

Direct PHABC Membership*

Membership in the Public Health Association of British Columbia only.

- Regular** **\$50**
- Student** **\$30**
- Retired** **\$30**

* Membership fees for this category must be made payable and sent to: PHABC, #210 – 1027 Pandora Avenue, Victoria, BC V8V 3P6

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