

# 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 Saskatchewan Public Health Association.

- |                                  |              |
|----------------------------------|--------------|
| <input type="checkbox"/> Regular | <b>\$235</b> |
| <input type="checkbox"/> Student | <b>\$83</b>  |
| <input type="checkbox"/> Retired | <b>\$90</b>  |

### Direct CPHA Membership

Membership in the Canadian Public Health Association only.

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

### Direct SPHA Membership\*

Membership in the Saskatchewan Public Health Association only.

- |                                  |             |
|----------------------------------|-------------|
| <input type="checkbox"/> Regular | <b>\$35</b> |
| <input type="checkbox"/> Student | <b>\$15</b> |
| <input type="checkbox"/> Retired | <b>\$15</b> |

\* Membership fees for this category must be made payable and sent to: Saskatchewan Public Health Association, P.O. Box 845, Regina, SK S4P 3B1

## 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