



CANADIAN
PUBLIC HEALTH
ASSOCIATION

2018 Membership Form

Status: ☐ New Member ☐ Renewal
Language of Correspondence: ☐ English ☐ Français
Gender: ☐ Male ☐ Female ☐ Non-binary
☐ Prefer not to say
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

ACCOUNT NUMBER

EXPIRATION DATE (MM/YY)

SECURITY CODE (###)

SIGNATURE

SELECT ONE (1) 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.

Direct CPHA Membership

Membership in the Canadian Public Health Association.

- | | |
|--|-------|
| <input type="checkbox"/> Regular | \$250 |
| <input type="checkbox"/> Student | \$88 |
| <input type="checkbox"/> Career in Transition | \$100 |
| This new category is for people early in their career, newly-arrived in Canada, under- or unemployed, or otherwise living on a reduced income. | |
| <input type="checkbox"/> Retired | \$100 |

International CPHA Direct Membership

Membership in the Canadian Public Health Association International membership is intended for non-residents of Canada only.

- | | |
|--|-------|
| <input type="checkbox"/> Regular | \$250 |
| <input type="checkbox"/> Student | \$88 |
| <input type="checkbox"/> Career in Transition | \$100 |
| This new category is for people early in their career, newly-arrived in Canada, under- or unemployed, or otherwise living on a reduced income. | |
| <input type="checkbox"/> Retired | \$100 |

- ☐ Please send me information on conjoint membership with my provincial/territorial public health association.

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

Canadian Public Health Association
404-1525 Carling Avenue
Ottawa, ON K1Z 8R9

Email: membership@cpha.ca
Fax: 613-725-9826