



Canadian Public Health Association  
AND THE  
Manitoba 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.

#### Conjoint Membership

Conjoint membership in the Canadian Public Health Association and the Manitoba Public Health Association.

- |  |       |
|--|-------|
| <input type="checkbox"/> Regular   | \$240 |
| <input type="checkbox"/> Student   | \$78  |
| <input type="checkbox"/> Career in Transition  | \$85  |
| 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   | \$85  |

#### Direct CPHA Membership

Membership in the Canadian Public Health Association ONLY.

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

#### Direct MPHA Membership\*

Membership in the Manitoba Public Health Association ONLY.

- |   |       |
|---|-------|
| <input type="checkbox"/> Regular                    | \$40  |
| <input type="checkbox"/> Student                    | \$10  |
| <input type="checkbox"/> Retired                    | \$10  |
| <input type="checkbox"/> Corporate                  | \$100 |
| <input type="checkbox"/> 2 seats (2-250 Staff)      | \$75  |
| <input type="checkbox"/> 4 seats (250-2,000 Staff)  | \$150 |
| <input type="checkbox"/> 7 seats (Over 2,000 Staff) | \$250 |

\* **Direct MPHA Membership fees must be made payable and sent to:**

MPHA, c/o Klinik Community Health Centre  
870 Portage Avenue, Winnipeg, MB R3G 0P1

### 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](mailto:membership@cpha.ca)