

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 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 ☐ RNAO-CHNIG
☐ AOHC ☐ HPO
☐ ASPHI-O - CIPHI-O ☐ OAPHD
- ☐ Student \$130
- ☐ Career in Transition \$175
 This new category is for people early in their career, newly-arrived in Canada, under- or unemployed, or otherwise living on a reduced income.
- ☐ Retired \$150

Direct CPHA Membership

Membership in the Canadian Public Health Association ONLY.

- ☐ Regular \$250
- ☐ Student \$88
- ☐ Career in Transition \$100
- ☐ Retired \$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
Please specify the constituent society to which you belong:
- ☐ ANDSOOHA ☐ RNAO-CHNIG
☐ AOHC ☐ HPO
☐ ASPHI-O - CIPHI-O ☐ OAPHD
- ☐ Student \$85
- ☐ Retired/Low Income \$95

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

Ontario Public Health Association
 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

Canadian Public Health Association
 404-1525 Carling Avenue, Ottawa, ON K1Z 8R9
 Email: membership@cpha.ca
 Fax: 613-725-9826