

Canadian Public Health Association
AND THE
Public Health Association of British Columbia

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 Public Health Association of British Columbia.

- | | |
|--|-------|
| <input type="checkbox"/> Regular | \$250 |
| <input type="checkbox"/> Student | \$98 |
| <input type="checkbox"/> Career in Transition | \$125 |
| 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 | \$105 |

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 PHABC Membership*

Membership in the Public Health Association of British Columbia ONLY.

- | | |
|----------------------------------|------|
| <input type="checkbox"/> Regular | \$50 |
| <input type="checkbox"/> Student | \$30 |
| <input type="checkbox"/> Retired | \$30 |

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

Public Health Association of British Columbia
#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

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

Email: membership@cpha.ca

Fax: 613-725-9826