

Canadian Public Health Association
AND THE
Saskatchewan 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 Saskatchewan Public Health Association.

☐ Regular \$235
☐ Student \$83
☐ Career in Transition \$110
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 \$90

Direct CPHA Membership

Membership in the Canadian Public Health Association ONLY.

☐ Regular \$250
☐ Student \$88
☐ Career in Transition \$100
☐ Retired \$100

Direct SPHA Membership*

Membership in the Saskatchewan Public Health Association ONLY.

☐ Regular \$35
☐ Student \$15
☐ Retired \$15

* **Direct SPHA Membership fees 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

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

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