

AHPCA MEMBERSHIP FORM

CRA CHARITABLE REGISTRATION #: 89146 8373 RR0001

\$55 Individual Regular Membership

Includes an Associate (non-voting) Membership with the Canadian Hospice Palliative Care Association.

Members receive 50% discounts on AHPCA workshop and events.

Membership is effective from date of payment received and expires after one year.

\$15 Individual Student Membership

Does not include any association with the CHPCA.

Members receive 50% discounts on AHPCA workshop and events.

Please include a copy of your student identification card.

Membership is effective from date of payment received with proof of student status and expires after one year.

First Name: _____ Last Name: _____

Your position (volunteer, doctor, nurse, caregiver): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Receive email communications from AHPCA? Yes No

Please mail this completed form to AHPCA with a **cheque** made payable to **Alberta Hospice Palliative Care Association**.