

**MEMBERSHIP FORM**



Dr.  Mr.  Mrs.  Ms.  Rev.

Name \_\_\_\_\_

Your position/category \_\_\_\_\_

*(Volunteer, Social Worker, Doctor, Nurse)*

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Who may we thank for directing you to AHPCA? \_\_\_\_\_

**\$45 ANNUAL MEMBERSHIP**  
**APRIL 1<sup>ST</sup> – MARCH 31<sup>ST</sup>**

New Membership

Or Renewal

*Preferred language of correspondence*

French

English

**CHPCA INTEREST GROUPS**

*Please check the box(es) of the Interest Groups of which you wish to become a member.*

**Aboriginal Issues**

**Rural and Remote Issues**

**Long Term Care/Continuing Care**

**Social Workers/Counsellors**

**Note:**

**Nurses**

**Spiritual Advisors**

If you want to become part of the Nurses group, please go to:  
<http://www.chpca.net/become-a-member/nurses.aspx>

**Pediatric Issues**

**Volunteer Issues**

By registering for a AHPCA you get a joint one year membership to AHPCA & a Non Voting Associate CHPCA membership

AHPCA Newsletter (What's Happening?) and CHPCA Newsletter (AVISO) sent by e-mail?  Yes  No

*Key benefit of membership in AHPCA is being kept up to date by our newsletter, event notifications and info via email. You can withdraw consent at any time by replying to the email with 'unsubscribe'*

**2 EASY WAYS TO JOIN**

**Fax complete order form to: 1-403-206-9958**

**Mail complete order form to:**  
AHPCA  
1245 – 70 Avenue SE  
Calgary, Ab  
T2H 2X8

Visit our website:

**ahpca.ca**

Please note that payment information or cheque must be included with this form. No invoice will be issued.

Cheque payable to "AHPCA" enclosed

Please charge my credit card:  Visa  MasterCard

Card Number \_\_\_\_\_

Name of Cardholder (Print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Expiry Date \_\_\_\_\_ CSC Code \_\_\_\_\_  
(3 digits on back of card)

Contact AHPCA 403-206-9938 [director@ahpca.ca](mailto:director@ahpca.ca)