2018 JOINT MEMBERSHIP FORM

AHPCA alberta hospice palliative care association

Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Rev.

Name: _____

Your position/category: _____
(Volunteer, Social Worker, Doctor, Nurse)

Address: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

Email: _____

Phone: _____ How did you hear about the Roadshow?_____

$65 ROADSHOW REGISTRATION

(includes annual membership April 1-March 31)

Roadshow Attending:

☐ Camrose	April 26, 2018
☐ Fairview	May 11, 2018
☐ Lethbridge	May 15, 2018
☐ Strathmore	June 6, 2018
☐ Athabasca	June 12, 2018

Preferred language of correspondence
☐ French
☐ English

CPHCA INTEREST GROUPS

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

- ☐ **Aboriginal Issues**
- ☐ **Long Term Care/Continuing Care**
- ☐ **Nurses**
- ☐ **Pediatric Issues**
- ☐ **Rural and Remote Issues**
- ☐ **Social Workers/Counsellors**
- ☐ **Spiritual Advisors**
- ☐ **Volunteer Issues**

By registering for an AHPCA Roadshow event 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
You can withdraw consent at any time by replying to the email with 'unsubscribe'

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

OR

Mail complete order form to:

AHPCA
1245 – 70 Avenue SE
Calgary, AB T2H 2X8

OR

ONLINE AT **www.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 _____ CSV Code _____
(3 digits on back of card)

Contact AHPCA **403-206-9938** Email: **director@ahpca.ca**