

Membership Form

First Name _____ Last Name _____

Your position (volunteer, doctor, nurse) _____

Address _____

City _____ Province _____

Postal Code _____

Email _____ Phone _____

\$55 Annual Membership

Includes a CHPCA Associate Membership (non-voting)

Members get 50% discounts on workshops

CHPCA INTEREST GROUPS

Please check the interest groups of which you wish to become a member

- | | |
|--|---|
| <input type="checkbox"/> Indigenous Issues | <input type="checkbox"/> Nurses |
| <input type="checkbox"/> Complementary / Integrative Therapies | <input type="checkbox"/> Rural and Remote Issues |
| <input type="checkbox"/> Long Term Care / Continuing Care | <input type="checkbox"/> Social Workers / Counsellors |
| <input type="checkbox"/> Pediatric Issues | <input type="checkbox"/> Spiritual Advisors |
| <input type="checkbox"/> Physiotherapists /OT | <input type="checkbox"/> Volunteer Issues |

Communication from both AHPCA and CHPCA by email? Yes No

Easy Way to Join AHPCA

Mail complete order form to:
AHPCA
#110, 105 12 Ave SE
Calgary, AB T2G 1A1

Add a donation to your membership

\$ _____

Cheque payable to AHPCA enclosed OR

Please charge my credit card

Card Number _____

Name of card holder (Please Print)

Authorized Signature _____

Expiry Date _____ CSC Number _____

(3 digits on back of card)

Payment information or cheque must be included.

No invoice will be issued.

www.ahpca.ca

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