alberta hospice palliative care association

Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

AHPCA Membership Form

First Name ______________________ Last Name ______________________

Your position (volunteer, doctor, nurse) ______________________

Address ______________________

City ____________ Province ____________ Postal Code ____________

Email ______________________ Phone ______________________

$55 Annual Membership with AHPCA

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

Members receive 50% discounts on AHPCA workshops and events

Communication from both AHPCA by email? □ Yes □ No

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)

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Authorized Signature ______________________

Expiry Date __________ CSC Number ________

(3 digits on back of card)

Payment information or cheque must be included.
No invoice will be issued.