



Canadian Paraplegic Association (Alberta) Association canadienne des paraplégiques

Membership Application Form

Offices are located in Calgary, Edmonton, Grande Prairie, Lethbridge, Medicine Hat, Red Deer, St. Paul and Fort McMurray.

Date: _____	Renewal <input type="checkbox"/> Membership <input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
First Name: _____	Last Name: _____
Mailing address: _____	
P.C. _____	
Home Phone: (____) _____	Work Phone: (____) _____
E-mail: _____	
Optional: Do you have a spinal cord injury or other physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment: <input type="checkbox"/> Cheque payable to Canadian Paraplegic Association (Alberta)	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Card number: _____	Expires (month/year): ____ / ____
Signature: _____	
We gratefully accept donations and will issue a receipt for tax purposes. Unfortunately, we are unable to issue a tax receipt for membership fees.	
<input type="checkbox"/> I have included a donation in the amount of \$ ____ with my membership fee.	
<input type="checkbox"/> I would like to receive information on CPA (Alberta)'s RBC Group Banking Plan.	
Gift Membership	
If you would like to purchase a membership for someone else, please provide their mailing information below. Use the top portion of this form to enter your billing information.	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Name: _____	(First) _____ (Last) _____
Mailing address: _____	
P.C. _____	
This space for office use only	Payment
	Membership(s) @ \$20 each \$
	Donation \$
	Total Payment Enclosed \$

Return completed form with payment to:
 Canadian Paraplegic Association (Alberta), 305-11010 101 St, Edmonton, Alberta T5H 4B9
 Phone: 780-424-6312, Toll-free 1-888-654-5444, info@cpa-ab.org
www.cpa-ab.org