Canadian Paraplegic Association (Alberta)
Association canadienne des paraplégiques

Membership Application Form

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

Date: _____ ☐ New membership ☐ Renewal

Name: ☐ Mr. ☐ Ms. ☐ Mrs. _____
(First) (Last)

Mailing address: _____

_____ P.C. _____

Home Phone: ( ) _____ Work Phone: ( ) _____

E-mail: _____

Optional: Do you have a spinal cord injury or other physical disability? ☐ Yes ☐ No

Payment: ☐ Cheque payable to Canadian Paraplegic Association (Alberta)
☐ Visa ☐ 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.

☐ I have included a donation in the amount of $ _____ with my membership fee.

☐ I would like to receive information on CPA'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.

Name: ☐ Mr. ☐ Ms. ☐ Mrs. _____
(First) (Last)

Mailing address: _____

_____ P.C. _____

This space for office use only

Payment Calculator	
Membership for self @ $20	$
___ Gift Memberships @ $20 each	$
Donation	$
Total Payment Enclosed	$

Return completed form with payment to:
Canadian Paraplegic Association (Alberta), 305-11010 101 St, Edmonton, Alberta T5H 4B9