



# Membership Registration

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Membership #: \_\_\_\_\_

Initials: \_\_\_\_\_

**CALGARY OFFICE**

3688 48 Ave NE  
Calgary, AB, T3J 5C8  
**Ph:** 403-543-1161  
**Fax:** 403-543-1168  
**Toll Free** 1-800-363-2807

**EDMONTON OFFICE**

17231 105 Ave  
Edmonton, AB, T5S 1H2  
**Ph:** 780-477-8030  
**Fax:** 780-471-0855  
**Toll Free:** 1-888-477-8030

**MEMBER INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**TYPE OF MEMBER**

- Adult with CP (DOB MM/DD/YYYY: \_\_\_\_/\_\_\_\_/\_\_\_\_)
- Parent of child with CP  
(Name of child w/CP: \_\_\_\_\_ DOB MM/DD/YYYY: \_\_\_\_/\_\_\_\_/\_\_\_\_)
- Guardian of person with CP  
(Name of adult w/CP: \_\_\_\_\_ DOBMM/DD/YYYY: \_\_\_\_/\_\_\_\_/\_\_\_\_)
- Organization or Other Disability: \_\_\_\_\_

**I WOULD LIKE TO RECEIVE THE FOLLOWING INFORMATION FROM CPAA**

- Newsletter    Programs & Services    Volunteer    Organization
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**Membership is now free of charge;** however, the CPAA is only able to support members through donations from the public. Please consider a gift when completing this form.

**I would like to make a tax receiptable donation to the CPAA for the following amount**

- \$25    \$50    \$100    \$250   Other \_\_\_\_\_

- Cheque enclosed    VISA    MasterCard    American Express

Card #: \_\_\_\_\_ Exp: MM/YY

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_