



Membership Registration

OFFICE USE ONLY
Date Received:
Member # :
Initials:

CONTACT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (W) _____

E-Mail Address: _____

TYPE OF MEMBER

Name of person with cerebral palsy: _____ (DOB MM/DD/YYYY: __ / __ / __) M F

Name of person with other disabilities: _____ (DOB MM/DD/YYYY: __ / __ / __) M F

Name of parent/guardian of person with cerebral palsy/disabilities: _____

I WOULD LIKE TO RECEIVE THE FOLLOWING INFORMATION FROM CPAA

Newsletter Programs & Services Volunteer Organization

Membership is free; however, the CPAA is only able to support members through donations from the community. 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: _____ / _____

me on Card: _____ Signature: _____

CALGARY OFFICE

12001 - 44 STREET SE, CALGARY, ALBERTA T2Z 4G9
TEL: 403- 543- 1161 FAX: 403- 543- 1168 TOLL FREE: 1- 800- 363- 2807

EDMONTON OFFICE

17231 - 105 AVENUE, EDMONTON, ALBERTA T5S 1H2
TEL: 780- 477- 8030 FAX: 780- 471- 0855 TOLL FREE: 1- 888- 477- 8030