



PLEASE RETURN ALL COPIES TO THE NATIONAL OFFICE

CANADIAN CELIAC ASSOCIATION
L'ASSOCIATION CANADIENNE DE LA MALADIE COELIAQUE
5170 Dixie Road, Suite 204, Mississauga, Ontario L4W 1E3
Phone 905-507-6208 Fax 905-507-4673
Toll Free 1-800-363-7296
http://www.celiac.ca email: celiac@look.ca

Charitable Registration # 10684 4244 RR0001

MEMBERSHIP APPLICATION

BENEFITS OF JOINING

Membership is an excellent way to access the latest information on medical and dietary advances, new recipes and product availability. As a member you will receive regular local and national newsletters and have the opportunity to attend local chapter meetings. By joining you will receive a new member's kit containing tips on setting up your kitchen, cooking and eating out. Also included are suggested readings and informative websites.

TO JOIN - Please complete this form in its entirety. The information that you provide will remain strictly confidential and will not be disclosed to third parties provided that we may share your personal information within our chapter offices in order to provide services and to communicate information on the activities of the CCA and its affiliated chapters. Membership runs from the last day of the month you join until the same date the following year. (Please allow a minimum of 3-4 weeks for the delivery of your new member's kit)

MEMBERSHIP INFORMATION

Mr. Mrs. Ms. Dr.

Last Name: First Name: Initial:

Date of Birth: Male Female

Please direct my mail to: Home Business Business Phone No.

Street Address:

City / Town: Province Postal Code

Home Phone: Fax: eMail:

Were you diagnosed as having CD or DH, and if so, in what year were you diagnosed ?

Did you have a biopsy YES NO

If this membership is for a child under the age of 16 please print name and age

PAYMENT INFORMATION

MEMBERSHIP FEE: \$50.00 FOR FIRST YEAR (Renewal is \$40)

PLEASE INDICATE ONE OF THE FOLLOWING METHODS OF PAYMENT

My Cheque/Money Order, payable to the Canadian Celiac Association is enclosed

I wish to use my VISA MasterCard

Credit Card Number: Expiry Date:

Signature: (Sign only if paying by credit card)

Along with my membership fee I would like to include a donation in the amount of to support the Canadian Celiac Association. Tax receipts will be issued for donations of \$10.00 or more.

Total amount enclosed or to be withdrawn

FOR OFFICE USE ONLY

Date Received Amount Received Donation Amount

Member No. Designated Chapter Receipt No.

National Processed by Date Processed

Chapter Processed by Date Processed