



Please Return All Copies To The National Office

Canadian Celiac Association
L'Association canadienne de la maladie coeliaque
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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 follow year. (Please allow a minimum of 3-4 weeks for the delivery of your new member's kit.)

Membership Information

Mr. Mrs. Miss Ms. Dr.
Last Name: First Name: Initial
Street Address:
City/Town Province Postal Code
Telephone: Fax: e-mail:

In order to assist us with our statistical research (which is done on an aggregate basis), please provide us with the following information (optional):

Year of Birth: Male Female
Were you diagnosed as having CD or DH, and if so what year were you diagnosed? Did you have a biopsy? Yes No
In order to assist the chapters in their planning, please indicate if membership is for someone 16 years of age or under: Yes No
Gender: Male Female How many people with Celiac Disease are being served by this membership?
Name Year of Birth
Name Year of Birth

Our complete privacy statement is on the last page.

Payment Information

Membership Fee: \$50.00 First Year (Renewal Fee: \$40.00)

Membership runs from the last day of the month you joined, until the same date the following year.

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.

I wish to make a monthly donation of \$
I wish my name to be published as a donor I wish my name to remain anonymous
Total enclosed or to be withdrawn \$ Which Chapter do you wish to be affiliated with:

For Office Use Only

Date Received: Amount Received: \$ Donation Amount: \$
Member No.: Chapter: Satellite
National Processed By: Date Processed:
Chapter Processed By: Date Processed: