



NEW MEMBER APPLICATION
AND
MEMBERSHIP RENEWAL FORM
E-mail: membership@celiac.ca

Canadian Celiac Association

L'Association canadienne de la maladie coeliaque
5025 Orbitor Drive, Bldg 1 – Suite 400, Mississauga, ON
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Phone 905 507 6208 Toll Free 1 800 363 7296
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<http://www.celiac.ca> E-mail: membership@celiac.ca

Charitable Registration # 10684 4244 RR0001

BENEFITS OF MEMBERSHIP

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. New members 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. Membership runs from the last day of the month you join, until the same date the following year. (Please allow a minimum of 2 weeks for the delivery of your new member's kit.) **To renew**, check your contact information and proceed to section 2.

CONTACT INFORMATION – SECTION 1

Mr Mrs Miss Dr

Last Name: _____ First Name: _____ Initial: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

NEW MEMBERSHIP INFORMATION ONLY – RENEWALS PLEASE SKIP TO SECTION 2:

In order to assist us with our statistical research, please provide us with the following information (optional):

Year of Birth: _____ Gender: Male Female

Were you **diagnosed** as having Celiac Disease or Dermatitis Herpetiformis? If yes, what year? _____

Did you have blood testing? Yes No Did you have a biopsy? Yes No Other? _____

In order to assist the chapters in their planning, please indicate if membership is for someone 16 years of age or younger:

Yes No Gender: Male Female

How many people with Celiac Disease are being served by this membership? _____

Name: Last: _____ First: _____ Year of Birth: _____

Blood test? Yes No Biopsy? Yes No Other? _____

Name: Last: _____ First: _____ Year of Birth: _____

Blood test? Yes No Biopsy? Yes No Other? _____

Name: Last: _____ First: _____ Year of Birth: _____

Blood test? Yes No Biopsy? Yes No Other? _____

Name: Last: _____ First: _____ Year of Birth: _____

Blood test? Yes No Biopsy? Yes No Other? _____

SECTION 2 - PAYMENT INFORMATION

MEMBERSHIP FEES: **New Member = \$65.00** **Renewal = \$50.00**

Member #: _____

Cheque My cheque/money order payable to the Canadian Celiac Association is enclosed (please print form and mail to the CCA)

I wish to use my Visa MasterCard **Card #:** _____ **Expiry:** ____/____

Signature: _____

SECTION 3 - DONATIONS

In addition to my new membership/renewal fee, I am enclosing a donation to support the work of the CCA in the amount of:

Donation: \$ _____ Tax receipts will be issued for donations of \$10.00 or more

I wish my name to be published as a donor I wish my name to remain anonymous

Total enclosed or to be withdrawn: \$ _____

The Canadian Celiac Association (CCA) is committed to protecting the privacy and personal information of its donors, volunteers, employees and other stakeholders and adheres to all Canadian Legislative requirements with respect to individual privacy. Completion of this application constitutes your acceptance of the Canadian Celiac Association's Privacy Statement. The information you provide will remain strictly confidential and will not be disclosed to third parties. We will share your personal information with our local chapter leaders in order to provide services and communicate information about the activities of the CCA and your local chapter. For our complete Privacy Policy please refer to our website <http://www.celiac.ca/privacy.php> or call 905 507 6208 or 1 800 363-7296 for a print copy.

The Canadian Celiac Association National Office will forward your new membership card to you.

Interested in volunteering?

Yes! As a member I wish to help my Association by volunteering at the Chapter Level. Please contact me about contributing my time to the CCA.

FOR OFFICE USE ONLY:

Date Received: _____ Amount: _____ Member No: _____

Date Entered: _____ Chapter: _____ Satellite: _____ Initials: _____

Date Processed: _____

Chapter Processed By: _____

