

Membership & Renewal Form



Canadian Celiac Association

5025 Orbitor Drive, Bldg 1, Suite 400, Mississauga, On L4W 4Y5

Phone: 905-507-6208 Toll Free: 1-800-363-7296

Web: www.celiac.ca Email: membership@celiac.ca

Charitable Registration: #10684 4244 RR0001

Joining the CCA is the best way to improve your quality of life and to benefit other Canadians with celiac disease or gluten sensitivity. Support research, education, advocacy and awareness programs. Receive local and national newsletters along with a New Member Kit including a *Pocket dictionary of ingredients* and review tips for setting up your kitchen, cooking, and eating out. Your membership runs from the last day of the month you join until the same day the following year. Please allow a minimum of two weeks for the delivery of your New Member Kit or updated Membership Card.

Section A: Contact Information (new and renewing members)

Name: _____

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

Section B: Demographics (new members only)

In order to assist us with statistical research, please provide us with the following information (optional). If the membership is for your child or dependant, please fill in the information for that person.

Basic Demographics

Gender: Male Female Year of Birth: _____

This membership is for a child under 16 Child's name _____

Diagnosis:

- Celiac Disease Dermatitis Herpetiformis Gluten Sensitivity Wheat/Gluten Allergy
 No Formal Diagnosis
 Other medical condition (which one) _____

Other People in your Family

Some families have more than one person with a medical need to eat gluten free. One membership covers everyone in your household. How many people, **other than you**, are being served by this membership? _____

Privacy Policy

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 except under non-disclosure to service providers who assist us with delivering service. 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 www.celiac.ca or call 905-507-6208 or 1-800-363-7296 for a print copy.

Section C: Membership Options (new and renewing members)

New Members

Renewing Members

- One Year

\$65

\$50

Donation (Optional)

The CCA uses donations to provide services beyond that covered by basic membership fees including representing people with a medical need for gluten-free food in discussions with government agencies, regulators, food and drug manufactures and other associations. **Membership fees provide less than 50% of the income we need to maintain our current level of service.** Any donation is appreciated and donation receipts are issued for donations of \$25 or more, unless a receipt is specifically requested.

Donation Amount: \$25 \$50 \$100 \$250 Other _____
 Please keep my donation anonymous

Payment

Payment Method:

- Cheque made payable to the Canadian Celiac Association
- Visa Number _____
CVC: _____ (3-digit number on back of card) Expiry ____/____
- MasterCard Number _____
CVC: _____ (3-digit number on back of card) Expiry ____/____
Name on Card _____
Signature _____

- Phone: Call toll free 1-800-363-7296 to talk to a person to join or renew your membership.

If you have already renewed, we would like to thank you for your contribution and ask that you please disregard this notice.