

MEMBERSHIP FORM

CONTACT INFORMATION

Name: _____

Street Address: _____

City: _____

Prov: _____ Postal Code: _____

Phone: _____ Cell: _____

Email: _____

MEMBERSHIP

Lifetime individual Member: \$20 (administration fee)

Signature: _____ Date: _____

DONATION (OPTIONAL)

Any donation is appreciated and donation receipts are automatically issued for donations of \$25 or more.

Charitable registration #11921 8717 RR0001

One-time: \$25 \$50 \$100 \$250

Other

Please keep my donation anonymous

Monthly: Please contact me to set up monthly donation

PAYMENT

Lifetime membership: \$20 (administration fee)

Donation Amount: \$ _____

Total: \$ _____

PAYMENT METHOD

Cheque made payable to:

Canadian Celiac Association Edmonton Chapter

OR

Visa / MasterCard

Card Number: _____

Expiry Date: _____

CVS # (3-4 digit # on back of card): _____

Exact Name on Card: _____

Signature: _____ Date: _____

OR

Cash (in person only - please do not send cash in mail)

OR

Phone: call 780-485-2949 to join with credit card over the phone

CCA EDMONTON CHAPTER

9, 12122 68 STREET
EDMONTON, AB T5B 1R1

780-485-2949
info@celiacedmonton.ca
www.celiacedmonton.ca

Join the CCA – Edmonton Chapter

Connect with the local
gluten free community

Receive local electronic
newsletters and keep
up-to-date about events,
current issues, new recipes
and restaurant reviews

Support research,
education, advocacy and
awareness programs

Receive discounts from
local businesses with your
membership card

One time administration
fee of only \$20 to become
a lifetime member

Consider a donation to the
chapter to further support
programming locally

For office use only:
Join Date: _____

Membership #: _____