

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 #:

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: _____

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

Privacy Policy: The Canadian Celiac Association Edmonton Chapter 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. 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.

Receipt #:

Date: