

DATE: _____ FAMILY NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

CF Connections Monthly Newsletter (Included with membership): Email Canada Post

Adult Member #1	Adult Member #2	Children	Age:
Name:	Name:	Name:	
Daytime #:	Daytime #:		
Business #:	Business #:		
Cell #:	Cell #:		
Fax #:	Fax #:		
Email:	Email:		

Enclosed is my membership registration fee of \$20

Enclosed is my tax deductible donation of \$35 \$50 \$100 \$500 Other _____

Total: _____

METHOD OF PAYMENT

CHEQUE (Cystic Fibrosis Canada) VISA MASTERCARD

CARD #: _____ EXP: _____

SIGNATURE: _____

Optional Information:

How did you hear of our organization/cystic fibrosis?: _____

Are you interested in volunteer opportunities with the Chapter? Please indicate:

- Organizing an Event Placing Coin Boxes General Volunteer Publicity
 Presentations Events Great Strides™ Walk Office
 Chapter Executive Other (Specify): _____

Submit membership form by mail, fax or email to:

CALGARY & SOUTHERN AB CHAPTER
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inf@cfcalgary.ca www.cysticfibrosis.ca