



**COPD & Asthma Network of Alberta (CANA)
Membership Application Form**

Name: _____

Address: _____

Postal: _____

Phone: (w) _____ (h) _____

Fax: _____

E-mail: _____

General Voting Member

Active Professional status:

- | | |
|--|---|
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Specialist | <input type="checkbox"/> Family Physician |
| <input type="checkbox"/> Respiratory Therapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Other _____ | |

Student: Please specify discipline you are pursuing _____

I am a Certified Educator: Asthma COPD Tobacco None

Corporate Non-Voting Member

Business Name _____

1. By submitting this application, I am indicating my support of the guiding principles of the COPD & Asthma Network of Alberta (CANA).

2. By signing here, I also give authorization for use of my email address and work phone:

To CANA members On CANA's website @ www.canahome.org

RETURN TO:

CANA c/o Alberta Asthma Centre
11402 University Avenue, Aberhart Centre 1, 3rd Flr
Edmonton, AB T6G 2J3
Tel: (888) 203-CANA (2262)
Fax: (780) 407-3608