



Canadian Association of Cardiac Rehabilitation

Association canadienne de réadaptation cardiaque

INVOICE

2010 MEMBERSHIP RENEWAL

Please remit before February 28th 2010

MEMBER INFORMATION

Title:	First Name:	Last Name:	
Address1:		Address2:	
City/Town:	Province/State:	ZIP Code:	
Country:	Home Phone:	Cell Phone:	
Email Address:		Age Group:	

PROGRAM INFORMATION

Profession:	I already receive a copy of the JCRP outside of CACR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Program/Organization:			
Address1:		Address2:	
City/Town:	Province/State:	ZIP Code:	Country:
Work Phone:	Ext:	Work Fax:	
Work Email Address:			Hrs/week in Rehab:

MEMBER BENEFITS

<ul style="list-style-type: none"> • CICRP Electronic Publication • Discount to CACR Symposium • Networking opportunities • Post-Graduate Scholarships • JCRP • On-line Web Education 	<ul style="list-style-type: none"> • Discount on 3rd Edition Guidelines • Online resources: <ul style="list-style-type: none"> - Member/program directory - Updateable member records - Job opportunities (free listings) - Association activities • Rebate program for participation in National Walk of Life
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DUES PAYMENT

Fee Structure: <input type="checkbox"/> Regular Membership \$120.00 <input type="checkbox"/> Associate Membership \$120.00 <input type="checkbox"/> Student Member (must provide id) \$55.00 <input type="checkbox"/> International Member \$150.00	Payment method: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> American Express Please provide card number or phone it in to 204-928-7870. Card Number: Expiry (mm/yy): Name on Card: Payment by: <input type="checkbox"/> Member <input type="checkbox"/> Work
<p style="text-align: center;">Add 5% GST \$ <i>*13% HST is applicable to NF, NB, NS residents only instead of GST*</i> TOTAL \$</p>	

Send Form to:
Canadian Association of Cardiac Rehabilitation
1390 Taylor Avenue
Winnipeg, Manitoba R3M 3V8
Ph. 204-928-7870
Fax: 204-928-7873

****PLEASE ALLOW 10 DAYS FOR A RECEIPT.***