

CRPS Hope & Awareness Foundation

Membership Application Form

New applicants and members applying for membership renewals are asked to fill out this form each year to ensure accurate foundation records	
Name:	
Address:	
City:	Postal Code:
Phone Number:	Cell Number:
E-mail:	
I would like to receive the Foundation's quarterly newsletter _____ Yes _____ No	
Signed:	
Date:	How did you hear about the foundation:
(Month/Day/Year)	

<p>Please find enclosed my \$5.00 Membership Dues In addition to my dues, I would like to make a donation in the amount checked below:</p> <p>___ \$100 ___ \$50 ___ \$20 ___ \$10 ___ \$5 ___ Other:\$</p> <p><i>Please note, CRPS Hope & Awareness Foundation is a Registered Charity and tax receipts will be issued for any donation of \$20.00 or more.</i></p>

This form can be emailed to crpshopeandawareness@gmail.com. Please use the aforementioned email for Paypal or Interac e-transfer and use the word membership for any password required.

Please note, this information will remain confidential and will not be used beyond the purposes of CRPS Hope & Awareness Foundation.

I affirm that I have read, and agree to support, the CRPS Hope & Awareness Foundation's Statement of Purpose.

Statement of Purpose:

Promoting health by providing medical information, notably to health professionals, to enable better treatment of patients diagnosed with Complex Regional Pain Syndrome.

Please note that all applications are reviewed by the Board of Directors and appointment to membership is made exclusively by the Board of Directors according to the foundation bylaws.