

Citizens for Choice in Health Care

#343, 9768 - 170 Street NW, Edmonton, Alberta T5T 5L4

Fax (780) 473-6528 E-mail CitizensForChoiceInHealthCare@gmail.com

NEW MEMBER / MEMBERSHIP RENEWAL APPLICATION

Surname _____ First Name _____ Spouse _____

Address _____ Email _____

City _____ Prov. _____ Postal Code _____ Telephone _____

- Please renew my membership. My cheque is enclosed.
- New Member. My cheque is enclosed
- Please make corrections as shown above

Fees: Family, Corporate, Affiliate Associations - \$25.00