

# Membership Registration Form



## Become a member—Help us Create Awareness

The Calgary Vasculitis Association (CVA) is a chapter under the Vasculitis Foundation Canada. CVA was developed to create awareness and better support vasculitis patients in Alberta. We believe in working together to create impact and help bring critical support and research to the forefront of patient care problems. We are currently looking for individuals to join the association. Membership is open to anyone with Vasculitis, family members, friends, medical personnel, other service providers or anyone with an interest in Vasculitis. We need help in a number of areas.

**Important:** We are collecting this information for the sole purpose of developing a data base of members and to connect with you. Your information will not be shared with anyone. We will only send email to you if you opt in.

### Please take a moment to provide some information below

Name:		Email:	
Cell /Telephone:	DOB:	Can we email you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a vasculitis patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		Membership Type: <input type="checkbox"/> Member <input type="checkbox"/> Member-volunteer	
Age of Diagnosis: _____		<b>Volunteer Capacity:</b>	
Type of Vasculitis: _____		<input type="checkbox"/> Social media	
<b>Interest in Vasculitis:</b>		<input type="checkbox"/> Medical	
<input type="checkbox"/> Person with vasculitis		<input type="checkbox"/> Website development/maintenance	
<input type="checkbox"/> Parents of a person with Vasculitis		<input type="checkbox"/> Newsletter production	
<input type="checkbox"/> Partner of a person with Vasculitis		<input type="checkbox"/> Committee member	
<input type="checkbox"/> Family member of a person with Vasculitis		<input type="checkbox"/> Research support	
<input type="checkbox"/> Friend of a person with Vasculitis		<input type="checkbox"/> Grant writing	
<input type="checkbox"/> Medical professional: _____		<input type="checkbox"/> Legal advice	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Finance/accounting	
		<input type="checkbox"/> Fundraising	
		<input type="checkbox"/> Event organization	
		<input type="checkbox"/> Publishing	

**Signature:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_