



Ontario Palliative Care Association

Are you interested in effecting positive changes in the quality of end-of-life care in Ontario?

The Ontario Palliative Care Association takes a leadership role in bringing about positive change where required, recognizing excellence in palliative care, ensuring quality education is available, and communicating current issues and events through our newsletter and members' networking. We work closely with the Canadian Hospice Palliative Care Association to bring a provincial focus to national issues.

Yes, I want to create an environment that ensures quality end-of-life care for all Ontarians by becoming a member of the Ontario Palliative Care Association and the Canadian Hospice Palliative Care Association!

Mailing Address

Company Name: _____

Individual
Name: _____

Title: _____

Address: _____

City: _____ Postal Code _____

Phone: _____ Fax: _____ Email: _____

Yes, I would like to be added to your Email list.

Joint membership in Ontario Palliative Care Association and Canadian Hospice Palliative Care Association \$75.00

CHPCA Interest Groups – The CHPCA has created 9 Interest Groups for members with similar interests. If you would like to be a member of an Interest Group please indicate the group(s) below. You will be added to an electronic list serve for the Interest Groups indicated.

- | | | |
|--|--|---|
| <input type="checkbox"/> Aboriginal Issues | <input type="checkbox"/> Nurses (\$10 fee) | <input type="checkbox"/> Pharmacists |
| <input type="checkbox"/> Spiritual Advisors | <input type="checkbox"/> Physiotherapists | <input type="checkbox"/> Volunteer Issues |
| <input type="checkbox"/> Paediatric Issues | <input type="checkbox"/> Social Workers | <input type="checkbox"/> Rural Issues |
| <input type="checkbox"/> Long-Term/Continuing Care | <input type="checkbox"/> Complementary Therapies | <input type="checkbox"/> Physicians |

CHPCA Nurses Group Membership – Nurses who wish to be a member of the CHPCA Nurses Group will pay an additional \$10 membership fee. If you are a nurse and want to be a member of the Nurses Group please add \$10 to the joint membership fee listed above.

Yes I wish to become a member of the CHPCA Nurses Group. I have enclosed an extra \$10 on top of my joint membership fee with the Ontario Palliative Care Association and the CHPCA. Provincial Nursing License # _____

*Please make cheque payable **Ontario Palliative Care Association** and mail along with this completed form to:*

194 Eagle Street, Newmarket, Ontario L3Y 1J6