

# (CHHA) MANITOBA CHAPTER

## Membership Form

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

New Membership \_\_\_\_\_

Renewal \_\_\_\_\_

### Annual Fees

Individuals \$40.00

Family \$60.00

Students \$30.00

Non-Profit Organization \$130.00

Please print this form and when complete  
send with your cheque made payable to

**CHHA Manitoba Chapter**

to the address below

**CHHA Manitoba**

**c/o SMD Clearinghouse**

**204 – 825 Sherbrook Street**

**Winnipeg, Manitoba R3A 1M5**