



Associate Membership Application Form

Yearly membership in CVCF includes the Voice Talk newsletter, access to program information, the international directory and referrals worldwide, access to an extensive reference library of voice books, videotapes, audio-tapes and software programs as well as many other benefits.

Please check one: ___Renewing Member ___New Member

Name: _____

Address: _____

Postal Code: _____

Telephone: (day) _____ (eve) _____

Fax: _____ Email: _____

Individual	\$30.00	
Institution (Hospitals, Universities, etc.)	\$50.00	
Corporate	\$70.00	\$

My tax deductible donation to assist the CVCF \$ _____

TOTAL ENCLOSED \$ _____

Please send cheque or money order payable to the **Canadian Voice Care Foundation**.

Payment may also be made by **VISA**

Cardholder: _____ VISA #: _____

Expiry Date: _____ Authorizing Signature: _____

Return to:
Canadian Voice Care Foundation
2828 Toronto Crescent NW, Calgary, Alberta T2N 3W2
Tel: (403) 284-9590 Fax: (403) 289-4988
cvcf@shaw.ca