



**MEMBERSHIP APPLICATION FORM
For Calgary Cardiovascular Network (CCN)
Membership Fee – NO CHARGE**

Membership* Information Please specify the portfolio, division or entity of the organization membership:

Division/Portfolio _____

Organization _____

Address _____

City _____

Province _____ Postal Code _____

Previously involved in CCN Yes No

Representative Information

Mr. Mrs. Ms. Dr.

First Name _____

Last Name _____

Title _____

Contact Information

Work Phone _____

Fax _____

E-mail _____

Include me in the Membership Directory on the CCN Website

Yes No

Areas of Committee Work in which you could support the Network:

Communications Committee

Operations Committee

Task Teams

High Blood Pressure Task Team

Primary Prevention Task Team

Diabetes Task Team

Smoking Task Team

Other Areas of Interest:

Donation of Funds

In-kind goods/services

Other Please Specify - _____

If a new member, where did you hear about CCN?

* A member is defined as "any non-profit agency, government entity, institution (or division thereof) or for-profit entity with an interest in or with a desire to contribute to the cardiovascular health of Calgarians. Each member, as defined, will nominate one individual to have their proxy and represent their interests at CNN."

I (our organization) agree(s) to support the Mission Statement and Terms of Reference of the Calgary Cardiovascular Network. I understand that the Network does not authorize or permit any member of the Network to use the names, log or trademarks of the Network. In order to maintain CCN membership I (our organization) must participate actively in CCN initiatives. Participation can be through direct funding or in-kind support of CCN project or committees, but that participation should not be viewed as a general funding of CCN activities. Membership status will be reviewed annually by the CCN Steering Committee. Contravention of this understanding will result in revoked membership.

Signature of individual or authorized organization representative

Date Signed

Please send completed form to:

**Calgary Cardiovascular Network, c/o Membership, CCN, Calgary Health Region,
P.O. Box 4016 Station C, Calgary, AB T2T 5T1**

Fax: 943-8011

Phone: 943-8002

Email: membership@hearthealthcalgary.com

CCN Steering Committee Use Only:

Type of membership: Partner Voting Member

Associate Non-Voting Member