

The Canadian Contenance Foundation membership application

(This membership will entitle you to a listing on the TCCF website, if you so desire)

___ Yes, I wish to make a donation to TCCF, in the amount of \$_____

(An official income tax receipt will be issued for any donation of \$20 or more)

Please print:

Name: _____

Discipline & Credentials: _____

Institution/Clinic (if any): _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Tel. (Office) : (_____) _____ Fax: (_____) _____

E-mail: _____@_____

Signature _____ Date _____

(Authorization to be listed on TCCF website)