

# Take C.H.A.R.G.E. Alumni Education Series

## MEMBER REGISTRATION FORM

*(Please print clearly)*

### Section A: NAME & CONSENT

Full name:	
Are you a returning member of Take C.H.A.R.G.E.?	<input type="checkbox"/> Yes, and my contact details are the same (skip to <b>Section C</b> ) <input type="checkbox"/> Yes, but my contact details have changed (proceed to <b>Section B</b> ) <input type="checkbox"/> No, I am a new member (proceed to <b>Section B</b> )

### Section B: CONTACT INFORMATION

Mailing address:	
Telephone no.(s):	
Email address:	

### Section C: PERMISSION TO CONTACT

Can we contact you about upcoming events, other alumni programs and future research opportunities during the current and future series?	<input type="checkbox"/> Yes, I prefer to be contacted by: <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Mail/Post  <input type="checkbox"/> No, please do not contact me
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### Section D: PAYMENT DETAILS

Payment method:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque payable to: <b><u>Cardiac Rehab Graduates Association</u></b>
Your signature:	
Today's date:	

Please enclose your **\$30.00 registration fee** and  
 DROP OFF at Toronto Rehab's Rumsey Centre reception desk

**OR**

MAIL to:

**Amy Hwang, Heart Health for Life Project Leader**  
**347 Rumsey Road, Toronto, ON M4G 1R7**

