



COPN MEMBERSHIP FORM

Fields marked with * are mandatory fields

*Date: _____

PLEASE PRINT CLEARLY

Name

*First _____

*Last _____

Mailing Address

*Street _____

Apt No. _____

*City _____

*Province _____

*Postal Code _____

Country _____

*E-mail _____

Telephone _____

*Preferred Language: English French *Gender: Female Male Prefer not to say Year of Birth: _____

***Please select the category that best describes you.**

Diagnosed Osteoporosis/Low Bone Density (formerly referred to as Osteopenia); Year of Diagnosis _____

Have a broken bone

Family Member

Caregiver

Health Care Professional

Other (please specify) _____

***How did you hear about COPN?**

Family/friend

Education Forum

Osteoporosis Canada Volunteer

COPN Brochure

Osteoporosis Canada Website

Osteoporosis Canada 1-800 Line

Health Care Professional

Other (please specify) _____

If you have any questions, please feel free to call or email: copn@osteoporosis.ca
Toll free English: 1-800-463-6842 Toll free French: 1-800-977-1778
Mail: 500-1200 Eglinton Ave E, Toronto, ON M3C 1H9 Fax: 416-696-2673

We respect your privacy and are committed to protecting your personal information. The information you provide will be used to keep you informed and up to date on the activities of COPN and Osteoporosis Canada, including current information on osteoporosis, programs, services, special events, clinical trials, opportunities to volunteer, opportunities to participate in surveys/polls and more through periodic updates. By completing this COPN membership form that you are agreeing to receive the COPING Newsletter and other electronic communications from Osteoporosis Canada. If at any time you wish to be removed from our list simply click the unsubscribe link at the bottom of the COPING newsletter, contact us by phone at 1-800-463-6842, ext. 2223 or via email at copn@osteoporosis.ca and we will gladly accommodate your request.

Please indicate that you have read, understood and accepted by signing below.

Signature

Date