

MEMBERSHIP BENEFITS

- 1 • You will have a voice in letting health care providers and government know your pain management needs.
- 2 • Your voice will add weight in targeting pain as a health care priority.
- 3 • Your voice will be counted when conveying to government the number of chronic pain patients.
- 4 • Regular updates will keep you informed.
- 5 • Access to the website to keep you informed of progress and new initiatives.

MEMBERSHIP CLASSIFICATIONS

INDIVIDUAL

Individuals living with, or interested in Chronic Pain
Membership is Complimentary

CORE ASSOCIATIONS & PATIENT GROUPS

Associations representing clients with painful conditions designating one or more representatives.
Membership is \$25.00 + 13% HST = \$28.25

ACADEMIC & PROFESSIONAL ASSOCIATIONS (Not-For-Profit)

Any Canadian Non-Profit Association
Membership is \$100.00 + 13% HST = \$113.00

CORPORATE

Corporations including Pharmaceutical companies within Canada, designating one or more members within the company.
Membership is \$500.00 + 13% HST = \$565.00

The Canadian Pain Coalition is predominantly made up of associations representing clients with painful conditions, individuals with persistent pain and those who have a major focus on patient issues, public awareness of the challenges of chronic pain, patient education and information.

Canadian Pain Coalition
1143 Wentworth Street West, Suite 202
Oshawa, ON L1J 8P7
T: 905-404-9545 F: 905-404-3727
office@canadianpaincoalition.ca
www.canadianpaincoalition.ca



The Canadian Pain Coalition is the National Voice of people with pain, representing them at National Government levels, partnering with patient groups and providing education.

Goals:

Increase recognition by public and professionals that chronic pain is a disease.

Promote Best Practice guidelines for the treatment of pain.

Reduce new cases of chronic pain through better treatment of acute pain.

Increase the number of specialized facilities to treat chronic pain adequately.

Increase research activities into novel treatments of intractable pain.

2010

MEMBERSHIP
BROCHURE &
APPLICATION



2010 MEMBERSHIP APPLICATION

Membership Application and Payment can also be made at <http://www.canadianpaincoalition.ca>

PLEASE PRINT THIS FORM AND FAX OR MAIL WITH PAYMENT

Date of Application: _____

Membership Category—Please choose one

Anything other than an Individual, please designate a member representative

Individual—\$0.00

Optional collective information can be found on page three for those wishing to provide statistics.
No voting privileges

Core Association/Patient Group— \$25.00 + \$3.25 (13% HST) = \$28.25

No. of patients you represent _____ *One vote per Association or Patient Group*

Academic/Professional Association— \$100.00 + \$13.00 (13% HST) = 113.00

Optional collective information can be found on page three for those wishing to provide statistics.
One vote per Academic or Professional Association

Corporate— \$500.00 + \$65.00 (13% HST) = \$565.00 — What is your role in Chronic Pain?

_____ *One vote per Corporation*

Organization or Company: _____

Is this person your voting representative? (For Associations, Patient Groups & Corporate Only) Yes No

Dr. Professor Mr. Mrs. Ms. Other _____

Is this address: Office Home

Membership Directory Yes No

First Name: _____ Last Name: _____

Degrees _____ Profession/Discipline _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____

Notices & Updates are distributed by email. Please provide a current one.

Email: Please print very clearly _____

Tel: _____ Fax: _____

Website: (if applicable) _____



PAYMENT

Payments can be made on line at <http://www.canadianpaincoalition.ca>

	Core Association	Academic	Corporate
Jan 1, 2009—Dec 31, 2010	<input type="checkbox"/> 28.25	<input type="checkbox"/> 113.00	<input type="checkbox"/> \$565.00
July 1, 2009— Dec 31, 2010	<input type="checkbox"/> 16.95	<input type="checkbox"/> 67.80	<input type="checkbox"/> \$339.00
Nov 15, 2009—Dec 31, 2011	<input type="checkbox"/> 28.25	<input type="checkbox"/> 113.00	<input type="checkbox"/> \$565.00

* Prices include 13% HST #85166 5836 RC0001

Donations

Donations are welcome from any group or individual to assist the Canadian Pain Coalition with their goals and objectives.

\$10 \$25 \$35 \$50 \$75 \$100

On-line donation payment option is available for the above amounts

Other \$ _____

On-line donation payment option is not available when donating anything other than the values above.

Cheque—Payable to: Canadian Pain Coalition,
1143 Wentworth St. W, Suite 202, Oshawa, ON L1J 8P7

Fax—905-404-3727

Credit Card—By mail or Fax

VISA MasterCard AMEX

Number: _____

Expiry: _____ CVN: _____

Name on Card: (Please print clearly)

Signature: _____

Total Payable: \$ _____

The CPC is not able to respond to queries about individual health problems. We do look forward to hearing your thoughts about chronic pain and your suggestions will be considered and discussed during our ongoing meetings and initiatives. Your support is "Painfully Important".

Optional Collective Information Request Page 3 . . .

Questions?
Please contact Ellen Maracle-Benton
Canadian Pain Coalition Office
1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7
Tel: 905-404-9545; office@canadianpaincoalition.ca; Fax: 905-404-3727

Statistics and information are being collected and kept on record for use when responding to government initiatives. No names or release of information is provided, except total numbers.

This information request is completely optional and strictly confidential.

Individual Membership

1. Do you belong to a patient group? Yes No Name of Group _____
2. Age Group 0-20 20-30 30-40 40-50 50-60 60-70 70-80 80+
3. Main Diagnosis—*Please select one only*
 - Arthritis Fibromyalgia CRPS Neuropathic Pain IBS Colitis or Bowel problems
 - Migraine or other Headaches Traumatic Injury Post Heart Attack or Stroke Back Pain Other
4. Are you regularly employed? Yes No Comment _____
5. Have you had to adapt your employment in some way? Yes No
6. If unable to work, were you able to get Disability Coverage easily with respect to your pain? Yes No
7. Do you feel you are getting good medical care? Yes No
8. What areas do you feel you need extra help with: Pain management Self Management Strategies
 - Exercise Management Emotional Support Relationship Support Medical Help Other
9. How long have you had chronic pain? _____
10. Are you being followed by a Doctor? Yes No
11. Were you seen at a Pain Clinic? Yes No

Academic/Professional Associations

1. What is your role in Chronic Pain? _____
2. List your 3 concerns or challenges around pain Management:
 - a. _____
 - b. _____
 - c. _____
3. Do you take part in research? Yes No If yes, what area _____
4. Are you involved in Education around pain management? Yes No



Please mail or fax with your application.

Thank you

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