

## 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 and newsletters 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*

### INDIVIDUAL HEALTHCARE PROFESSIONAL

Healthcare professionals interested in chronic pain.  
*Membership is complimentary*  
*\*Donations would be gratefully accepted*

### CORE ASSOCIATIONS

Associations representing clients with painful conditions, designating one representative.  
*Membership is \$100.00*  
*\*Fee assistance is available if necessary*

### ACADEMIC/PROFESSIONAL ORGANIZATIONS AND CLINICS

Any academic or professional organization or clinic, designating one representative.  
*Membership is \$100.00*

### CORPORATE

Corporations within Canada, designating one representative within the company.  
*Membership is \$500.00*

The Canadian Pain Coalition (CPC) is a partnership of pain consumer groups, individuals, health professionals who care for people in pain and scientists studying better ways to treat pain. Incorporated in 2004 as a not-for-profit organization, CPC runs pain education, awareness and advocacy initiatives that support people with pain and their families.

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 where discussion and policies are made about pain care.

### GOALS:

Promote sustained improvement in the understanding, prevention, treatment and management of all types of pain in Canada

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

# MEMBERSHIP BROCHURE & APPLICATION

# MEMBERSHIP APPLICATION

PLEASE PRINT THIS FORM AND FAX OR MAIL WITH PAYMENT

Membership Application and Payment can also be made online at [www.canadianpaincoalition.ca](http://www.canadianpaincoalition.ca)

Date of Application: \_\_\_\_\_

### Membership Category—Please choose one

Anything other than an Individual, please designate a member representative. Optional collective information can be found on page three for those wishing to provide statistics.

- Individual—\$0.00 (No voting privileges)
- Individual Healthcare Professional—\$0.00 (No voting privileges) \*Donations would be gratefully accepted.
- Core Association— \$100.00 \*Fee assistance is available if necessary.

No. of patients represented \_\_\_\_\_

One vote per Association or Patient Group

- Academic/Professional Organizations & Clinics— \$100.00
- One vote per Academic or Professional Association

Corporate— \$500.00

What is your role in Chronic Pain? \_\_\_\_\_

One vote per Corporation

Organization or Company: \_\_\_\_\_

Voting representative Information:

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.

Email: Please print very clearly \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: (if applicable) \_\_\_\_\_



### PAYMENT

Payments can be made online at [www.canadianpaincoalition.ca](http://www.canadianpaincoalition.ca)

- |                         |                                 |   |
|-------------------------|---------------------------------|---|
| Core Association        | Academic/Prof                   | Corporate   |
| January 1—December 31   | <input type="checkbox"/> 100.00 | <input type="checkbox"/> 100.00 <input type="checkbox"/> 500.00 |
| July 1—November 15      | <input type="checkbox"/> 70.00  | <input type="checkbox"/> 70.00 <input type="checkbox"/> 350.00  |
| November 15—December 31 | <input type="checkbox"/> 100.00 | <input type="checkbox"/> 100.00 <input type="checkbox"/> 500.00 |
- Dues paid after November 15 are applied to the following year's dues.

### DONATIONS

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

Charitable tax receipt will be issued for all donations over \$20.

\$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 Foundation (for donations)

**Cheque**—Payable to Canadian Pain Coalition (for membership)

1143 Wentworth St. W, Suite 202, Oshawa, ON L1J 8P7

Fax—1-905-404-3727

**Credit Card**—By mail or fax (Processed by Events In Sync, who is the managing company for the Canadian Pain Coalition)

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".

### Questions?

Please contact Ellen Miracle-Benton

Canadian Pain Coalition Office

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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

**Please mail or fax with  
your application.**

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**Ellen Maracle-Benton**  
**office@canadianpaincoalition.ca**

**Individual Healthcare Professional—Academic/Professional Organizations & Clinics—Corporate**

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