

NAPA Membership Form

PLEASE PRINT THIS FORM

Mail your form to: Asthma Society of Canada
124 Merton Street, Suite 401
Toronto, ON M4S 2Z2



OR

Fax your form to: 416-787-5807

Yes! I want to join the National Asthma Patient Alliance (NAPA). I will receive regular updates from the National Asthma Patient Alliance and the Asthma Society of Canada.

I want to be a:

Member (Receive updates & information) Volunteer (Advocate & become involved)

Title: Mr. Mrs. Ms. Dr. Other _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (____) _____ E-Mail: _____

I have asthma and/or associated allergies

Someone in my immediate family has asthma and/or associated allergies

Signature: _____ Date: _____

I have read and consent to the Membership Principles

How did you learn of NAPA? _____

Thank You for Becoming a Member.

T 1-866-787-4050

F 416 787 5807

E napainfo@asthma.ca

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