



COPN MEMBERSHIP FORM

Fields marked with * are mandatory fields.

*Date

Name

*First

*Last

Mailing Address

*Street

Apt No.

*City

*Province

*Postal Code

Country

*E-mail

Telephone

*Preferred Language English French Other (please specify)

*Gender Male Female Year of birth

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

- Diagnosed Osteoporosis/Low Bone Density (formerly referred to as Osteopenia)
Year of diagnosis
- Family member/caregiver
- Other, please specify

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

- Family/friend
- Osteoporosis Canada Volunteer
- Education Forum
- Health Care Professional
- Other (please specify)
- Osteoporosis Canada/COPN Website
- COPN Brochure
- Osteoporosis Canada 1-800 Line

If you have any questions, please feel free to call or email: copn@osteoporosis.ca
Toll free English: 1-800-463-6842, ext. 224 Toll free French: 1-800-977-1778
Mail: 301-1090 Don Mills Rd. Toronto, ON M3C 3R6 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 mailings. If at any time you wish to be removed from our list simply contact us by phone at 1-800-463-6842, ext. 224 or via email at copn@osteoporosis.ca and we will gladly accommodate your request.

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

Signature

Date