



**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](mailto: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](mailto:copn@osteoporosis.ca) and we will gladly accommodate your request.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date