CANADIAN ASSOCIATION OF PROFESSIONAL ACCESS AND PRIVACY ADMINISTRATORS

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10816 Macleod Trail SE
Calgary Alberta Canada T2J 5N8
info@capapa.org
www.capapa.org

MEMBER UPDATE

Please complete all fields to ensure that your membership information is current and correct.

Date

First Name

Last Name

Company/Institution/Agency

Title / Rank

Home Address

Street

City

Province

Postal Code

Home Phone
(include area code)

Email Address

Business Address

Street

City

Province

Postal Code

Business Phone
(include area code)

Would you like to be listed in the member directory?

- ☐ yes - name and business contact info only
- ☐ yes - name and residential contact info only
- ☐ yes - complete contact info
- ☐ no thanks

If you would like to be contacted by email whenever possible for all notices and correspondence please indicate your email address for this purpose

EMAIL ADDRESS

I am a member of the following professional organizations

I was referred to CAPAPA by

What do you want most from your membership in CAPAPA? (Please tell us so we can understand your expectations.)

Complete and return this form to ensure your membership information on record is current and correct.

By email to
Membership@CAPAPA.org
Save and email the completed form.

By Mail to
CAPAPA
Suite 330, Unit 440, 10816 Macleod Trail SE
Calgary, Alberta, Canada T2J 5N8