

Canadian CAPS Network (CCN)

Membership Form

The mission of the Canadian CAPS Network (CCN) is to improve the lives of all those affected by Cryopyrin-Associated Periodic Syndromes (CAPS) and related disorders. By registering as a member of CCAPS, I agree to support the mission and objectives of the group.

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|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|
| Name (First, Last) | | | |
| Membership Category | <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Caregiver Healthcare <input type="checkbox"/> Professional Staff <input type="checkbox"/> Other (Specify)_____ | | |
| Type of CAPS | | | |
| Company/Organization | | | |
| Title | | | |
| Street Address | | | |
| City | | | |
| Province | | Postal Code | |
| Telephone | | | |
| Email | | | |
| Website | | | |

Please select if you are willing to share your contact information

There is no membership fee for CCAPS. By registering for CCAPS, you will be eligible to receive regular communications and to take part in CCAPS activities.

Please submit registration form either by email (info@raredisorders.ca) or by fax at (416) 969-7420.

For additional information about CCN, please contact Gabe at gabewr@me.com. Visit the website at: http://www.raredisorders.ca/CAPS_overview.html