



**REGISTRATION FORM TO BECOME A MEMBER OF THE
PULMONARY ARTERIAL HYPERTENSION QUEBEC
FOUNDATION (HTAPQ)**

NOTE:

PAH patients can register for **FREE** to become a member.

For all others, a 10,00 \$ yearly fee is required to become a member and to remain one.

Complete the following form and send it to the Foundation address (see below).

I wish to become a member of the HTAPQ Foundation

FIRST NAME:

LAST NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE NUMBER:

E-MAIL ADDRESS:

MOBILE:

I allow the HTAPQ Foundation to
communicate with me at times

YES

NO

The following 3 questions are to be filled **by PH patients only**.

1) As a pulmonary hypertension patient, I was diagnosed in _____ (the year).

2) My PH specialist is: Doctor _____.

3) I was born on: _____ (mm/dd/yyyy)

Signature

City

Date

Please send the registration form to:

HTAPQ Foundation, 1840, avenue Painchaud, Plessisville, Qc G6L 2Z3

Include your membership payment (10 \$), unless you are a PAH patient.

THANK YOU