

MEMBERSHIP REGISTRATION FORM FONDATION HTAPQ

(PULMONARY ARTERIAL HYPERTENSION – QUÉBEC)



NOTE:

Pulmonary hypertension (PH) patients can register as a member for **FREE**.
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's 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 HTAPQ Foundation to communicate with me at times: YES NO

The following 4 questions are to be filled **by PH patients only**.

1) I received my PH diagnosis in: _____(the year).

2) My type of PH is: Pulmonary Arterial Hypertension (G-I);
 PH due to left heart disease (G-II);
 PH due to lung disease and/or chronic hypoxia (G-III);
Chronic thromboembolic PH (CTEPH) (G-IV);
PH due to blood and other disorders (G-V)

3) My PH doctor is: _____

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

Date

Signature

City

Please send the registration form to:

HTAPQ Foundation, Postal Box 341, Branch Bureau-chef, Plessisville, Qc G6L 2Y8

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

THANK YOU AND WELCOME!