

CAPA

CALGARY & AREA PHYSICIANS ASSOCIATION

ADVOCATING FOR PHYSICIANS – CARING FOR PATIENTS

CALGARY & AREA PHYSICIANS ASSOCIATION (CAPA) INVOICE - FISCAL YEAR APRIL 1, 2010 - MARCH 31, 2011

CAPA PAYMENT DETAILS

CAPA DUES		\$275.00	\$
EXCEPTION CAPA DUES	see <u>exception details below</u>	\$150.00 only if you qualify for one of the exceptions noted below	\$
<u>Voluntary</u> - CALGARY MEDICAL SOCIETY	\$10.00, \$85.00 or \$285.00 see enclosed explanation of CMS memberships		\$
TOTAL			\$

MEDICAL STAFF ASSOCIATIONS: Use to indicate **ONE (1)** medical staff association you would like a portion of your dues specifically assigned to. Use if you would like to receive information only from any other Medical Staff Association. If nothing is indicated 100% your dues will be used for CAPA administration costs.

ACH Alberta Children's Hospital MSA	PLC Peter Lougheed Centre	CAPA
FMC Foothills Medical Centre MSA	RGH Rockyview General Hospital	
PCPA Primary Care Physicians Association - represents community family physicians	RURAL Rural Medical Staff Association	

CAPA DUES EXCEPTIONS: Only the following exceptions qualify. Enclose documentation with your payment for exceptions #1 & #2. **Please read enclosed dues policy for further explanation.**

#1 - Leave of Absence - Away from practice for 6 consecutive months or more during the fiscal year (April 1, 2010 – March 31, 2011) A written statement including your signature must be included with the payment of your dues and must indicate the duration and reason for your LOA. Acceptable reasons include sabbatical, maternity/paternity leave or illness.
#2 - First Year of Active Practice - only applicable if this is your "first" year of active practice post MD certification . Enclose a copy of your RCPSC or CCFP certificate. Does not apply to specialty training. \$150.00.
#3 - Over the age of 65 as of <u>April 1, 2010</u> - Date of Birth _____ \$150.00

PAYMENT METHODS: [Credit Card Payments Should Only Be Faxed To 403 476-8770](#)

CHEQUE ----- Make cheques payable to CAPA.

VISA # _____ **Expiry Date** _____

MASTERCARD # _____ **Expiry Date** _____

DEMOGRAPHIC INFORMATION

update your **office mailing address, email address or fax #** if necessary

FOR ADMINISTRATIVE USE ONLY

DR. Administrative Fax: 403	I would like to receive Vital Sign via email – Mark <input checked="" type="checkbox"/> <u> </u> Yes Confirm that the following email is correct or provide an alternate	Date Received	
		Total received	
		Cheque #	
		Date Deposited	
		Received By	

Return invoice & payment to CAPA - 10301 Southport Lane SW, Calgary T2W 1S7. ATTENTION: Glennis Brittain
Invoices paid by credit card can be faxed to 403 476-8770 A copy of this invoice will be returned for tax purposes.