



CANADIAN PEDIATRIC CARDIOLOGY ASSOCIATION MEMBERSHIP APPLICATION FORM

MEMBER INFORMATION

First Name:		Last Name		Initial:
Title:	Gender:		Date of birth: <small>MM/DD/YYYY</small>	
Home address:				
City:		Province:	Postal Code:	
Home Phone:			Personal Email:	
<i>preferred mailing address : home work</i>				
I am currently a member of the Canadian Cardiovascular Society				

INSTITUTION INFORMATION

Hospital/ Institution:		
Address:		Postal Code:
City:	Province:	Room:
Phone:	E-mail:	Fax:
Job Title:		

EDUCATION INFORMATION

Certification:		
Certified by:		Year:
Degree:	Institution:	Year:
Degree:	Institution:	Year:

MEMBERSHIP TYPE *please choose one*

Regular member \$150.00

**Member in training
No fee**

Trainee type

Fellowship type:

Start date:
MM/DD/YYYY

Expected Completion:
MM/DD/YYYY

Each applicant for Trainee membership must be nominated by their program director/supervisor.

PROGRAM DIRECTOR / SUPERVISOR

Name:

Email:

Payment Information

Endorsed cheque made payable to the Canadian Pediatric Cardiology Association

Credit card:

MasterCard

Visa

Credit card #

EXP:

Name of Cardholder:

PLEASE COMPLETE THIS FORM AND MAIL, SCAN OR FAX TO:

**Canadian Pediatric Cardiology Association
222 Queen St, Suite 1100
Ottawa, Ontario, K1P 5V9**

Email: membership@ccs.ca

Fax: 613-569-6574

Phone: 1-877-569-3407