



CANADIAN SOCIETY OF CARDIOVASCULAR NUCLEAR & CT IMAGING			MEMBERSHIP APPLICATION FORM		
<b>MEMBER INFORMATION</b>					
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					
<b>INSTITUTION INFORMATION</b>					
Hospital/ Institution:					
Address:				Postal Code:	
City:		Province:		Room:	
Phone:		E-mail:		Fax:	
Job Title:					
<b>EDUCATION INFORMATION</b>					
Certification:					
Certified by:					Year:
Degree:		Institution:		Year:	
Degree:		Institution:		Year:	
<b>MEMBERSHIP TYPE <i>please choose one</i></b>					
<b>Regular member - \$100.00</b>			<b>CCS member - \$50.00</b>		
<i>Each applicant for regular membership must have two nominees that are regular members in good standing. If you do not know two members, contact us at <a href="mailto:membership@ccs.ca">membership@ccs.ca</a>.</i>					
<b>NOMINATORS</b>					
Name:		Email:			
Name:		Email:			
<b>Allied Health Professional member - \$50.00</b>					
<i>Each applicant for AHP membership must be nominated by a CNCT or CCS member in good standing. If you do not know a member, contact us at <a href="mailto:membership@ccs.ca">membership@ccs.ca</a>.</i>					
<b>NOMINATOR</b>					
Name:		Email:			
<b>Member in training</b>		Trainee type		Fellowship type:	
<b>No fee</b>		Start date: <small>MM/DD/YYYY</small>		Expected Completion: <small>MM/DD/YYYY</small>	
<i>Each applicant for trainee membership must be nominated by their program director/supervisor.</i>					
<b>PROGRAM DIRECTOR / SUPERVISOR</b>					
Name:		Email:			
<i>Payment Information</i>					
<b>Endorsed cheque</b> made payable to the Canadian Society of Cardiovascular Nuclear & CT Imaging					
<b>Credit card:</b>		MasterCard		Visa	
Credit card #				EXP:	
Name of Cardholder:					
<b>PLEASE COMPLETE THIS FORM AND MAIL, SCAN OR FAX TO:</b>					
<b>Canadian Society of Cardiovascular Nuclear &amp; CT Imaging</b>					
<b>222 Queen St, Suite 1100</b>					
<b>Ottawa, Ontario, K1P 5V9</b>					
<b>Email: <a href="mailto:membership@ccs.ca">membership@ccs.ca</a></b>					
<b>Fax: 613-569-6574</b>					
<b>Phone: 1-877-569-3407</b>					