



Canadian Neurological Society – Société Canadienne de neurologie

Application for Membership

Last Name: _____ First Name: _____

1. Office/Hospital Address: _____

Tel: _____

E-mail: _____

2. Home Address: _____

Tel: _____

E-mail: _____

Please indicate:

Preferred Mailing Address:

Address 1 Address 2

Preferred Email Address:

Address 1 Address 2

Membership in the Society

shall be limited to those interested in furthering the objects of the Society

MEMBERSHIP CATEGORIES

**We will bill you for membership fees once your application is approved.
Do not send money now.**

Full/Active Member

Annual fees = \$355 (Canadian), includes subscription to *Canadian Journal of Neurological Sciences*

To qualify as an Active Member, the applicant must be certified in Neurology by the Royal College of Physicians and Surgeons of Canada, from the Corporation professionnelle des Médecins du Québec, or by recognized bodies in other countries, as approved by the Secretary Treasurer.

