



**Canadian Neurosurgical Society – Société canadienne de neurochirurgie**  
**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**

**Supporting Signatures**

**We require the names and signatures of two Active CNSS Society members** in support of your application. If you are applying for **Junior** membership, you require the signature of an Active CNSS member and your Training Program Director. If your Program Director is also an Active CNSS member, then only one signature is required.

1. Proposed by: \_\_\_\_\_

Please Print

Signature

Active Member of CNSS  Program Director  Date: \_\_\_\_\_

2. Proposed by: \_\_\_\_\_

Please Print

Signature

Active Member of CNSS  Date: \_\_\_\_\_

## EDUCATION/PROFESSIONAL EXPERIENCE

Please fill in the following information and attach curriculum vitae, if you are applying for Active or Associate membership. Residents complete this section only.

Degrees

Institution

Dates

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Residency Training (Field)

Institution

Dates

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Fellowship Training (Field)

Institution

Dates

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Neurosurgical Experience: \_\_\_\_\_

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Present Position: \_\_\_\_\_

Other Societies you hold membership in: \_\_\_\_\_

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Chief publications: \_\_\_\_\_

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## MEMBERSHIP CATEGORIES

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

**Active Member**

**Annual fee \$480 (Canadian)**, includes subscription to the *Canadian Journal of Neurological Sciences*

Active Member applicants must be physicians certified in neurosurgery by the Royal College of Surgeons of Canada, or licensed by the College of Physicians and Surgeons of any Province of Canada, to practice neurosurgery.

**Junior Member**

Year of residency: \_\_\_\_\_

**First-year residents do not pay membership fees.**

**Annual fee \$80 (Canadian)**, includes subscription to the *Canadian Journal of Neurological Sciences*

Junior Member applicants must be registered in neurosurgical training programs recognized by the Royal College of Surgeons of Canada. When you have completed your residency and receive a certificate in neurosurgery from the Royal College of Physicians and Surgeons of Canada, or from the Corporation professionnelle des Médecins du Québec, we will automatically change your status to Active membership and bill you accordingly.

**Associate Member**

**Annual fee \$250 (Canadian)**, includes subscription to the *Canadian Journal of Neurological Sciences*

Associate Member applicants are MDs or PhDs, or other well-qualified workers in allied fields of medicine, who are interested in the study of the nervous system, but do not qualify for Active membership.

**Protection of Privacy Information**

The CNSF complies with the principles of the Personal Information Protection and Electronic Documents Act (PIPEDA). We will use the personal information collected on this form for processing your membership application. On its approval, unless you advise the secretariat office otherwise, we will use your contact information to: disseminate society information, conduct society business and include in the CNSF membership directory. We do not sell or rent our lists for financial gain. Other information provided on or with this form will be filed with the secretariat office.

Please submit completed application form and accompanying documents to Donna Irvin – CNSF MemberServices

**Email:** [donna-irvin@cnsfederation.org](mailto:donna-irvin@cnsfederation.org)      **Fax:** 403-229-1661      **or**  
**Mail:** 143N Heritage Square, 8500 Macleod Trail SE, Calgary, AB T2H 2N1