



First-Year Resident Application Form

This application form is only for use by first-year residents. If you are not a first-year resident, please go to the Canadian Neurological Sciences Federation (CNSF) website at www.cnsfederation.org and download an application form by clicking on your society of interest.

I am a first-year resident in the following program:

- Adult Neurology** = **Canadian Neurological Society (CNS)**
- Child Neurology** = **Canadian Association of Child Neurology (CACN)**
- Neurosurgery** = **Canadian Neurosurgical Society (CNSS)**

Last Name: _____

First Name: _____

1. Office/Hospital Address: _____

Telephone # _____

E-mail Address: _____

2. Home Address: _____

Telephone # _____

E-mail Address: _____

Program Directors Name: _____

Please indicate:

Preferred Mailing address: Address 1 Address 2
Preferred email address: Address 1 Address 2

Please submit completed application form to Donna Irvin – CNSF MemberServices
Email: donna-irvin@cnsfederation.org **Fax:** 403-229-1661 **or**
Mail: 143N Heritage Square, 8500 Macleod Trail SE, Calgary, AB T2H 2N1