



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

Supporting Signatures

We require the names and signatures of two Active CACN Society members in support of your application. If you are applying for Junior membership, you require the signature of either an Active CACN member or your Training Program Director.

1. Proposed by: _____
Please Print Signature

Active Member of CACN or Program Director Date: _____

2. Proposed by _____
Please Print Signature

Active Member of CACN Date: _____

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. Once it is approved, 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.

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.

Undergraduate Training:

Degree	Place	Date
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Postgraduate Training:

	Place	Date
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Postgraduate Degree:

Degree	Place	Date
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Special Interests of Applicant:

MEMBERSHIP CATEGORIES

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

Active Member

Annual fees \$440 (Canadian), includes subscription to the *Canadian Journal of Neurological Sciences*. Active members are physicians certified in neurology (pediatric stream) by the Royal College of Physicians and Surgeons of Canada. Other physicians and scientists not so certified, but who meet the requirements for certification by the Royal College, or who manifest by their work a basic interest and competence in pediatric neurology, may also be eligible, after a review of their training by the Membership Committee.

Associate Member

Annual fees \$250 (Canadian), includes subscription to the *Canadian Journal of Neurological Sciences*. Physicians and scientists, who are interested in the study of the developing nervous system, who do not meet the requirements of Active membership, may apply for Associate membership.

Junior Member

Year of residency: _____

First-year residents do not pay membership fees.

Annual fees \$80 (Canadian), includes subscription to the *Canadian Journal of Neurological Sciences*. A Junior Member shall be in residency training in pediatric neurology. Upon successful completion of a pediatric neurology training program, Junior member status will automatically change to Active Member status.

Please submit completed application form and accompanying documents 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