



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

NAME:

HOSPITAL / INSTITUTION:

TITLE: CREDENTIALS:

EMAIL:

ADDRESS FOR CORRESPONDENCE

ADDRESS:

CITY: PROVINCE / STATE:

POSTAL CODE / ZIP CODE: COUNTRY:

MEMBERSHIP DIRECTORY

- I PERMIT CANM TO DISTRIBUTE MY CONTACT INFORMATION TO ASSOCIATIONS FOR EDUCATIONAL PURPOSES
- I PERMIT CANM TO DISTRIBUTE MY CONTACT INFORMATION TO VENDORS AND CORPORATIONS

MEMBERSHIP CATEGORY

- I AM APPLYING FOR FULL MEMBERSHIP (\$165)
I SATISFY ALL REQUIREMENTS FOR FULL MEMBERSHIP (VISIT WWW.CANM.CA FOR MEMBERSHIP CRITERIA)
- I AM APPLYING FOR ASSOCIATE MEMBERSHIP (\$130)
I SATISFY ALL REQUIREMENTS FOR ASSOCIATE MEMBERSHIP (VISIT WWW.CANM.CA FOR MEMBERSHIP CRITERIA)
- I AM APPLYING FOR INTERNATIONAL MEMBERSHIP (\$165 CAD)
I SATISFY ALL REQUIREMENTS FOR INTERNATIONAL MEMBERSHIP (VISIT WWW.CANM.CA FOR MEMBERSHIP CRITERIA)



MEMBERSHIP APPLICATION

METHOD OF PAYMENT

I AM PAYING ONLINE

ONLINE PAYMENT CAN BE MADE BY VISA / MASTER CARD / AMERICAN EXPRESS

TO COMPLETE ONLINE PAYMENT - PLEASE VISIT WWW.CANM.CA

I AM PAYING BY CHEQUE

CHEQUES CAN BE MADE TO "CANM"

PLEASE MAIL CHEQUE TO THE ADDRESS LISTED BELOW:

KATYA POTAPOVA, SUITE C510, SUNNYBROOK HSC, 2075 BAYVIEW AVENUE, TORONTO, ON, M4N 3M5

SIGNATURE

DAY / MONTH / YEAR

DATE:

PLEASE SEND COMPLETED FORMS BY EMAIL OR MAIL

EMAIL: INFO@CANM.CA

MAIL: KATYA POTAPOVA, SUITE C510, SUNNYBROOK HSC, 2075 BAYVIEW AVENUE, TORONTO, ON, M4N 3M5

CANM RESERVES THE RIGHT TO PERFORM RANDOM AUDITS ON MEMBERSHIP APPLICATIONS FOR THE PURPOSES OF AUTHENTICATING INFORMATION LISTED ON APPLICATION FORMS AND TO VERIFY THAT APPLICANTS MEET THE MINIMUM MEMBERSHIP REQUIREMENTS