

## 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: Preferred Email Address:	Address 1 Address 1	Address 2 Address 2	
Membership in the Society shall be limite	ed to those interested in	furthering the objects of	f the Society
Supporting Signatures We require the names and signatures of tapplication. If you are applying for Junior member and your Training Program Director then only one signature is required.	membership, you require	e the signature of an Active	CNSS
1. Proposed by: Please Print		Signature	
Active Member of CNSS Program	Director Date:		
2. Proposed by:			
Please Prin	t	Signature	
Active Member of CNSS	Date:		

## EDUCATION/PROFESSIONAL EXPERIENCE

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

Degrees	Institution	Dates
Residency Training (Field)	Institution	Dates
Fellowship Training (Field)	Institution	Dates
Neurosurgical Experience:		
Present Position:		
Other Societies you hold member	ship in:	
Chief publications:		

## **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 Science	es
* *	st be physicians certified in neurosurgery by the Royal College of Surge College of Physicians and Surgeons of any Province of Canada, to pract	
Junior Member	Year of residency:	
First-year residents do n	ot pay membership fees.	
Annual fee \$80 (Canadian),	includes subscription to the Canadian Journal of Neurological Sciences	5
College of Surgeons of Canac neurosurgery from the Royal	st be registered in neurosurgical training programs recognized by the Roa. When you have completed your residency and receive a certificate in College of Physicians and Surgeons of Canada, or from the Corporation du Québec, we will automatically change your status to Active member	l L
Associate Member		
Annual fee \$250 (Canadian)	, includes subscription to the Canadian Journal of Neurological Science	es
	are MDs or PhDs, or other well-qualified workers in allied fields of n the study of the nervous system, but do not qualify for Active	

## **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@cnsf.org Fax: 403-229-1661 or

Mail: 143N Heritage Square, 8500 Macleod Trail SE, Calgary, AB T2H 2N1