



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**

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

MEMBERSHIP CATEGORIES

Full/Active Member

Annual fees = \$400 (Canadian), includes subscription to *Canadian Journal of Neurological Sciences*
To qualify as an Active Member, the applicant must be certified in Neuroradiology by the Royal College of Physicians and Surgeons of Canada, from the Corporation professionnelle des Médecins du Québec, or by recognized bodies in other countries, as approved by the Secretary Treasurer.

Junior Member **PGY level:**_____ **or Fellowship year:** _____

Annual fees = \$80 (Canadian), includes subscription to *Canadian Journal of Neurological Sciences*
To qualify as a Junior Member, the applicant must be enrolled as a Resident in an accredited Canadian training program in diagnostic radiology or neuroradiology **or** currently enrolled in a radiology Fellowship. When you have completed your residency and receive a certificate in neuroradiology from the Royal College of Physicians and Surgeons of Canada, or from the Corporation professionnelle des Médecins du Québec, we will automatically grant you status of Active membership and bill you accordingly.

Associate Member **Specialty/Field:**_____

Annual fees = \$250 (Canadian), includes subscription to *Canadian Journal of Neurological Sciences*
Applicants for Associate Membership are physicians and/or scientists who, by reason of professional and scientific qualifications, are deemed worthy of election to the Society, but who do not meet the requirements of Active membership.

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

EDUCATION/PROFESSIONAL EXPERIENCE

Degrees	Institution	Dates
_____	_____	_____
_____	_____	_____

Residency Training (Field)	Institution	Dates
_____	_____	_____

Fellowship Training (Field)	Institution	Dates
_____	_____	_____

Main area of Neuroradiology Interest / Focus – please indicate all that apply and write in any additional:

Diagnostic Interventional Pediatric Head and Neck

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.

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