



## Ordinary Membership Application

Name: \_\_\_\_\_ Gender: M  F   
Title, First, Initial, Last

Address: \_\_\_\_\_  
Hospital/ Institution

\_\_\_\_\_  
Street #, Street name, Room #

\_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_  
Email

Phone Numbers: Work: \_\_\_\_\_ Ext: \_\_\_\_\_  
Home: \_\_\_\_\_  
Mobile: \_\_\_\_\_

Preferred language of correspondence: English:  French:

Nominees. Each applicant for ordinary membership must have two nominees that are ordinary members of the CHRS.

Nominator 1

Nominator 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete this form and mail or fax to:

Linda Palmer, Canadian Heart Rhythm Society, 222 Queen St, Suite 1403,  
Ottawa, K1P 5V9,  
P: 613.569.3407 / 1 877.569.3407  
Fax: 613.569.6574  
Email: [palmer@ccs.ca](mailto:palmer@ccs.ca)