

Trainee 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:

Nominee. Each applicant for trainee membership must be nominated by their training director/ supervisor.

Training director/ supervisor

Name: _____

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