

CANADIAN HEART RHYTHM SOCIETY MEMBERSHIP APPLICATION FORM

MEMBER INFORMATION

First Name:		Last Name		Initial:
Title:	Gender:		Date of birth: <small>MM/DD/YYYY</small>	
Home address:				
City:	Province:		Postal Code:	
Home Phone:		Personal Email:		
<i>preferred mailing address : home work</i>				
I am currently a member of the Canadian Cardiovascular Society				

INSTITUTION INFORMATION

Hospital/ Institution:		
Address:		Postal Code:
City:	Province:	Room:
Phone:	E-mail:	Fax:
Job Title:		

EDUCATION INFORMATION

Certification:		
Certified by:		Year:
Degree:	Institution:	Year:
Degree:	Institution:	Year:

MEMBERSHIP TYPE *please choose one*

Regular member \$200.00 (plus applicable taxes) (GST/HST #85045 6567 RT0001)

Each applicant for a regular membership must have two nominees that are regular members in good standing. If you do not know two members, contact us at membership@ccs.ca.

NOMINATORS

Name:	Email:
Name:	Email:

Allied Health Professional member \$30.00 (plus applicable taxes) (GST/HST #85045 6567 RT0001)

Each applicant for an AHP membership must be nominated by a CHRS member in good standing. If you do not know a member, contact us at membership@ccs.ca.

NOMINATOR

Name:	Email:
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**Member in training
No fee**

Trainee type
Start date:
MM/DD/YYYY

Fellowship type:
Expected Completion:
MM/DD/YYYY

Each applicant for Trainee membership must be nominated by their program director/supervisor.

PROGRAM DIRECTOR / SUPERVISOR

Name:	Email:
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Payment Information

Endorsed cheque made payable to the Canadian Heart Rhythm Society

Credit card:	MasterCard	Visa
Credit card #	EXP:	
Name of Cardholder:		

PLEASE COMPLETE THIS FORM AND MAIL, SCAN OR FAX TO:

**Canadian Heart Rhythm Society
222 Queen St, Suite 1100
Ottawa, Ontario, K1P 5V9**

Email: membership@ccs.ca

Fax: 613-569-6574

Phone: 1-877-569-3407