



**CANADIAN SOCIETY OF
CARDIOVASCULAR
NUCLEAR & CT IMAGING**

**CANADIAN SOCIETY OF CARDIOVASCULAR NUCLEAR AND CT IMAGING
MEMBERSHIP APPLICATION FORM**

MEMBER INFORMATION

First Name:	Last Name	Initial:
Title:	Gender:	Date of birth: MM/DD/YYYY
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:

PLEASE SEE REVERSE SIDE FOR IMPORTANT MEMBERSHIP INFORMATION...



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MEMBERSHIP TYPE *please choose one*

Regular member \$100.00 CCS Member \$50.00

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 the CCS Affiliates Manager, Lauren Mann at mann@ccs.ca.

NOMINATORS

Name:	Email:
Name:	Email:

Allied Health Professional member \$50.00

Each applicant for an AHP membership must have a sponsor who is an regular member. If you do not know a member, contact the CCS Affiliates Manager, Lauren Mann at mann@ccs.ca

SPONSOR

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 - completed form may be returned to the CCS, 1403-222 Queen St. Ottawa, Ontario, K1P 5V9 Email: membership@ccs.ca, Fax: 613-569-6574

Endorsed cheques made payable to the Canadian Cardiovascular Society

Note: If you wish to pay by Credit Card, a representative of the CCS will be in contact to obtain your payment information