



Associate Health Care Professional Information and Sponsoring Signatures*

Section 1: Information (must be completed by applicant)

Name: _____

Business
address: _____

Profession: _____

Please tell us about yourself. How do you care for children and youth and why do you wish to join the Canadian Paediatric Society?

Section 2: Sponsoring Signatures (must be completed by two Fellow members of the CPS)

Signature 1: I declare that I am familiar with the applicant and their work and I believe that they will uphold the best interests of the society.

Signed: _____
Date: _____
CPS ID: _____

Signature 2: I declare that I am familiar with the applicant and their work and I believe that they will uphold the best interests of the society.

Signed: _____
Date: _____
CPS ID: _____

If you cannot obtain the two sponsoring signatures, please let us know.

*This form is to be completed by applicants for Associate Health Care Professional membership in addition to the Application for Membership