MEMBER CATEGORIES (please check one):

FELLOW MEMBERS

- **FELLOW**: Paediatrician or paediatric subspecialist with Canadian or American certification or a temporary license to practice paediatrics in Canada. Please supply a copy of your current medical license or temporary provincial license. If you are certified in Canada or the US but living abroad, or if you spend a reduced amount of time practicing paediatrics, please contact us for more information about your membership category.

- **FELLOW (1st year of practice)**: Paediatrician or paediatric subspecialist who obtained certification from a Canadian or American organization within the past year, and has begun practicing.

RESIDENT MEMBERS

- **RESIDENT**: Graduate physicians engaged in postgraduate training. Please have application signed by department head or program director.

ASSOCIATE MEMBERS

- **CORRESPONDING FELLOW**: Paediatricians who are non-residents of Canada, who have been certified in paediatrics by other than a Canadian or American certifying body. Must supply a copy of license to practice paediatrics and a letter from national paediatric society with application.

- **AMERICAN ACADEMY MEMBER**: Paediatrician with American Board certification who is a member of the American Academy of Pediatrics and practicing outside Canada. Please supply a copy of your American Board certification. Membership to the American Academy of Pediatrics will be verified upon submission.

- **ASSOCIATE HEALTH CARE PROFESSIONAL**: Open to certified health care professionals who work with children and youth, and graduate physicians engaged in non-paediatric postgraduate training. Please obtain the sponsoring signatures of two CPS Fellows in good standing on the Sponsoring Signature Form and supply a copy of your certification or your license to practice.

- **ASSOCIATE NURSE**: Open to certified nurses. Please supply a copy of your nursing license.

- **ASSOCIATE PHYSICIANS, SURGEONS AND DENTISTS**: Open to non-paediatrician physicians, surgeons and dentists. Please supply a copy of your current medical or dental license.

- **ASSOCIATE MEDICAL STUDENT**: Open to health profession students enrolled in accredited college or university programs. Please have application signed by the dean of medicine or registrar of the program.

Under exceptional circumstances applicants who do not meet any of the above criteria may apply to join the society. Please contact member services for more information.

APPLICATION PROCEDURE

Complete and mail this application form with the required fees, a copy of your certification or medical license and the appropriate sponsoring signatures (if required for your category) to:

Canadian Paediatric Society
Membership Department
100-2305 St. Laurent Blvd
Ottawa, ON K1G 4J8

You will be notified by e-mail when your application has been processed.

The Society requires that its members continue to conform to standards of high ethical and professional standing. Thus, if the Society learns that any information stated in your application is false or if circumstances change after the date of application that affect ethical and professional standards, it may be grounds for suspension or revocation of membership.

If you have any questions regarding membership requirements, application approval, benefits or privileges, please contact CPS Member Services, by phone at 613-526-9397, ext. 223, by fax at 613-526-3332, or by e-mail at memberservices@cps.ca
APPLICATION FORM

Surname  First Name  Initial  Designation (i.e. MD, RN, PhD, etc.)

Business Address (Name of Company or Hospital)

Department / Division

City  Province  Postal Code

Home Address

City  Province  Postal Code

Telephone

Telephone

Fax

Fax

E-mail

E-mail

Preferred mailing address:  □ Business  □ Home

Preferred language:  □ English  □ French (when available)

Date of birth: (MM/DD/YYYY) _________________  Sex:  □ Male  □ Female

How did you learn about CPS?

□ From a CPS member (please specify) ______________________________ (optional)
□ CPS mailing
□ CPS website
□ Paediatrics & Child Health: The CPS journal
□ Attended education event
□ Media
□ CPS presentation
□ Program director
□ CPS staff
□ Other (please specify) ______________________________

The CPS realizes the great importance of protecting the personal information of its members. The Society does not sell its mailing list or share it with industry. The Society does occasionally share mailing addresses only for medical research or educational purposes. If you would like your name to be excluded from these lists, please check below.

□ Exclude my contact information from these requests (only applicable for the 2017 membership year).

ANNUAL MEMBERSHIP DUES FOR 2017

Membership dues for the current year are payable upon return of the completed application. Subsequent annual dues are payable each January. (Fees subject to change each year)

<table>
<thead>
<tr>
<th>Member Type</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Fellow</td>
<td>$525</td>
</tr>
<tr>
<td>Fellow (First year of practice)</td>
<td>$60</td>
</tr>
<tr>
<td>Corresponding Fellow</td>
<td>$135</td>
</tr>
<tr>
<td>Resident</td>
<td>$60</td>
</tr>
<tr>
<td>American Academy Member</td>
<td>$265</td>
</tr>
<tr>
<td>Associate Health Care Professional</td>
<td>$75</td>
</tr>
<tr>
<td>Associate Nurse</td>
<td>$75</td>
</tr>
<tr>
<td>Associate Physicians, Surgeons and Dentists</td>
<td>$195</td>
</tr>
<tr>
<td>Associate Medical Student</td>
<td>$30</td>
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</table>
Please list information on all certifications.

<table>
<thead>
<tr>
<th>Year certified</th>
<th>Certifying body (e.g., Royal College, CMQ, American Board)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatrics</td>
<td></td>
</tr>
<tr>
<td>Paediatric subspecialties</td>
<td></td>
</tr>
<tr>
<td>Other subspecialties</td>
<td></td>
</tr>
<tr>
<td>Other certifications (eg., nurse, social worker, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

Year MD: _______________

**PROFESSIONAL ACTIVITIES**

Profession (please check one):

- [ ] Paediatrician
- [ ] Paediatric Resident
- [ ] Resident in other program (Please describe) ________________
- [ ] Family Doctor
- [ ] Surgeon
- [ ] Dentist
- [ ] Nurse
- [ ] Other health care professional (Please describe) __________________________________________

If you are a paediatrician, do you practice as a:

- [ ] General paediatrician
- [ ] Subspecialist (please indicate area(s) of expertise: __________________________________________)
- [ ] Both subspecialist and general paediatrician
- [ ] Administrator
- [ ] Public health professional
- [ ] Researcher
- [ ] Other

Practice Base:

- [ ] Academic hospital
- [ ] Community Hospital
- [ ] Office
- [ ] Other

Activity Status:

- [ ] Full-time
- [ ] Part-time

**ENDORSEMENT FOR MEDICAL STUDENTS AND RESIDENTS**

Name of University or College: _______________________________________

Description of Program: ___________________________________________ / Year ____ of a ____ year program

Or for Paediatric Residents:

- [ ] R1
- [ ] R2
- [ ] R3
- [ ] R4
- [ ] Subspecialty Fellow in the field of __________________________________________

Expected completion date of program (MM/DD/YYYY): ________________________________

I the undersigned, certify that the applicant is engaged in health profession training, or postgraduate paediatric training at the above mentioned university or college.

Name: Dean of Program, Department Head, or Program Director (PLEASE PRINT)

__________________________________________________________
Signature                                      Date
SECTION MEMBERSHIP

Sections allow CPS members with a specific clinical interest to come together. Section members include paediatricians, paediatric subspecialists, residents, and other health care providers.

Sections provide a forum for the discussion of issues pertinent to an area of interest through annual meetings, newsletters, and web pages. Sections educate colleagues by hosting symposia, providing valuable input on Continuing Medical Education (CME) course content and publishing articles in *Paediatrics & Child Health*. Most importantly, they are an important professional network for paediatric specialists in Canada.

To join, check off the appropriate section(s) below. Add the corresponding fee(s) (for period ending December 31) to your membership dues.

- Adolescent Medicine  $24
- Allergy  $24
- Community Paediatrics  $29
- Child and Youth Maltreatment  $24
- Developmental Paediatrics  $33
- Global Child & Youth Health  $33
- Hospital Paediatrics  $24
- Neonatal-Perinatal Medicine  $48
- Mental Health  $24
- Paediatric Emergency Medicine  $29
- Paediatric Environmental Health  $24
- Paediatric Oral Health  $24
- Residents  n/c
- Respiratory Health  $24

Total *section fee(s):  ___________

*Please note that section fees do not apply to Life, Honorary, Emeritus, Resident and Associate Medical Student Members.

Special Interest Groups
- Complex Care (must be a member of the Community Paediatrics or Hospital Paediatrics Section)
- Kids in Care
- Social Paediatrics
- Sports Medicine

COMMITTEE MEMBERSHIP

Canadian Paediatric Society members can apply to serve on any of the following committees. Note that the size of committees is limited, and nominations must be approved by the Board of Directors.

- ACCT (Action Committee for Children and Teens)
- Fetus and Newborn
- Acute Care
- First Nations, Inuit and Métis Health
- Adolescent Health
- Healthy Active Living and Sports Medicine
- Annual Conference
- Infectious Disease and Immunization
- Awards
- Injury Prevention
- Bioethics
- Mental Health and Developmental Disabilities
- Community Paediatrics
- Nutrition and Gastroenterology
- Continuing Professional Development
- Paediatric Human Resources Planning Committee
- Drug Therapy and Hazardous Substances
- Public Education Advisory Committee

______YES, I am interested in receiving further information about joining a CPS committee.
I, the undersigned, hereby make application for admission to the Canadian Paediatric Society under the provisions of the bylaws. I hereby declare that I am not under suspension from a professional licensing authority of any province or territory of Canada or of a licensing authority outside of Canada and that I hold a current license.

I subscribe to the following declaration, that I, the undersigned, do solemnly and sincerely declare that while a member of the Canadian Paediatric Society: I will observe the bylaws; I will support and further the interests and mission of the Society to advance the health of children and youth; I will at all times within my power uphold the dignity and welfare of the Society and its members. I further agree to pay the prescribed fees.

__________________________________________
Applicant's Signature        Date

Membership Dues: $__________
Or $__________ (pro-rated for ____ months), if joining by ______________ (Fellows only) (MM/DD/YYYY)
Section Fees $__________
* Tax $__________

Total Amount $__________

* APPLICABLE TAXES BY PROVINCE *
ON = 13% HST
QC = 14.975% GST and PST
NB, NL, NS & PE = 15% HST
AB, BC, MB, NT, NU, SK & YT = 5% GST

Please make cheque or money order payable to the Canadian Paediatric Society or provide credit card information.

☐ MasterCard        ☐ Visa        ☐ Cheque enclosed

Credit Card #: ____________ ____________ ____________ ____________ Exp. Date: ________/______

Security code (3 or 4 digits on back of card): ____________

Name as it appears on card: __________________________________

__________________________________________
Signature

Please remember to submit a photocopy of your current medical license or the appropriate sponsoring signatures with your completed application.

For office use only

<table>
<thead>
<tr>
<th>Member Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID</td>
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<tr>
<td>Date Processed</td>
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</table>