

OCCUPATIONAL MEDICINE SOCIETY OF CANADA

APPLICATION FOR MEMBERSHIP/DEMANDE D'ADHÉSION

1. Name/Nom: _____
Surname/Nom de famille First name/Prénom

2. Addresses/Adresses

a) Home/Résidence: _____

Telephone/Téléphone Fax/Télécopieur Email/Courrier élec

b) Office/Bureau: _____

Telephone/Téléphone Fax/Télécopieur Email/Courrier élec

* Address preferred for correspondence/Adresse préférée pour la correspondance

Home/residence Office/bureau

3. Date of Birth/Date de naissance: _____

4. Sex/Sexe: M F

5. Send Correspondence in/Envoyez ma correspondance en: English/Anglais French/Français

6. Medical School of Graduation and year/
Faculté de médecine d'obtention du diplôme et année: _____

University of postgraduate study
Université des études postdoctorales: _____

Specialty Certification by (year)
Certification de la spécialité par (année)

<input type="checkbox"/>	RCPSC/CRMCC	Year/Année
<input type="checkbox"/>	CPMQ	Year/Année
<input type="checkbox"/>	Other/Autre	Year/Année

7. University or academic appointment
Poste universitaire ou académique: Yes/Oui No/Non

Academic Rank/Titre académique: _____

Name of University/Nom de l'Université: _____

8. Job Title/Titre du poste: _____

9. Particular Area of Interest
Domaines d'intérêt particulier: _____

10. Membership Category/Catégorie d'adhésion

- Full member
Membre régulier: \$200.00
- Associate member
Membre associé: \$150.00
- Resident
Résident \$25.00
- I wish to be a Founding Member (additional \$250.00)
- Je désire devenir un membre-fondateur (250.00\$ additionnel)

Payment method (for membership dues): Cheque payable to the Occupational Medicine Society of Canada

Mode de paiement (pour les c otisations de membre): Ch eque payable   l'ordre de la Soci t  canadienne de m decine occupationnelle

Visa Mastercard
(for one time use only/pour usage unique seulement-Charge on your statement will show billing from Royal College of Physicians and Surgeons of Canada)

Account no./No. de compte: _____

Expiry Date/Date d'expiration: _____

Name on card/Nom sur la carte: _____

Signature: _____

Signature of Applicant/Signature du candidat

Date

Please send membership application and payment either by mail or fax

OMSOC

774 Echo Drive, Ottawa, ON K1S 5N8

Fax: 613-730-1116

The personal information collected on this form is considered confidential and is managed according to the CSA Model Code Guidelines for the release of personal information.

Les informations r colt es sur ce formulaire sont consid r es comme confidentielles et sont g r es selon les directives du Code de l' ACS pour la divulgation des renseignements personnels.

January 30, 2006

Membership Categories

Full Membership: shall be limited to physicians who are certified by or hold fellowship in the Royal College of Physicians and Surgeons of Canada in occupational medicine.

Associate Membership: shall be applicable to physicians who are certified by or who hold fellowship in the Royal College of Physicians and Surgeons of Canada but are not otherwise eligible to be Full Members.

Resident Membership: shall be applicable to those members who are currently enrolled in an occupational medicine program residency training program accredited by the Royal College of Physicians and Surgeons of Canada.