


Canadian Hematology Society
Société Canadienne d'Hématologie
APPLICATION FOR MEMBERSHIP


SURNAME: _____ **GIVEN NAMES:** _____

ADDRESS:

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

E-mail: _____ @ _____

(Thank you for printing clearly)

UNIVERSITY DEGREES:

	Degree	University	Year
1			
2			
3			
4			

SPECIALITY QUALIFICATIONS:

	Qualifications	Issuing Body	Year
1			
2			

PROFESSIONAL APPOINTMENTS (present and former)

- 1) _____
- 2) _____
- 3) _____

MAIN HEMATOLOGICAL INTERESTS (check one or more)

- Laboratory Practice Clinical Practice
 Teaching/Research Other (specify) _____

PLEASE SUBMIT A COPY OF YOUR CV WITH THIS APPLICATION

SPONSOR NAME & INSTITUTION: _____
(The sponsor must be a CHS "member in good standing" ie. dues paid, for 12 months.)

SPONSOR SIGNATURE:

I, _____, know _____
(SIGNATURE OF SPONSOR) (NAME OF APPLICANT)

to be involved in the practice of clinical/laboratory or research in hematology.

If applicant is not medically qualified give names of two physicians suitable for professional references:

PLEASE INDICATE THE STATUS OF MEMBERSHIP FOR WHICH YOU ARE APPLYING:

- ACTIVE ASSOCIATE

(Signature of Applicant)

(Date)

MEMBERSHIP REGULATIONS

Active Members

The following may apply for active membership in the society:

- Physicians in the practice of clinical or laboratory hematology in Canada
- Scientists with PhD degrees making continuing contributions to research related to hematology in Canada
- Allied Health Professionals making sustained contributions to clinical or laboratory hematology practice or hematology research in Canada.

Active members only shall vote, hold office, receive CHS grants, and pay dues.

Associate Members

The following individuals may apply for Associate Membership:

- Residents and fellows engaged in hematology training
- Masters and PhD graduate students as well as post-doctoral fellows engaged in hematology research

Associate members will not be required to pay dues until completion of their training.

PLEASE RETURN APPLICATION FORM TO:

Canadian Hematology Society
199 - 435 St. Laurent Blvd.
Ottawa, ON K1K 2Z8
or

Email: chs@uniserve.com

Annual Dues, which only Active Members must pay, are \$75.00 per year.