

**Canadian Hematology Society
Société Canadienne d'Hématologie**

MEMBERSHIP APPLICATION

PLEASE PRINT LEGIBLY

SURNAME: _____ **GIVEN NAMES:** _____

INSTITUTION: _____

MAILING ADDRESS:

Phone: (____) _____ - _____

Fax: (____) _____ - _____

E-mail: _____ @ _____
(thank you for printing clearly)

UNIVERSITY DEGREES:

	Degree	University	Year
1			
2			
3			

SPECIALITY QUALIFICATIONS:

	Qualifications	Issuing Body	Year
1			
2			
3			

PROFESSIONAL APPOINTMENTS (present and former)

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

